**Please consult the Application Instructions when completing this document.**

**Use Tab/Shift-Tab to navigate through the form.**

**1. Personal Information 2. Photograph**

|  |  |
| --- | --- |
| Full Legal Name: | Digital photo placed here or a scanned photo includedas an attachment. |
| Preferred Name: |
| Spouse’s Name: |
| Physical Home Address: |
| City, State Zip: , |
| Mailing Address: |
| City, State Zip: , |
| County | Work Telephone- - | Home Telephone- - |
| Cellular- - | Preferred E-mail Address |
| Secondary E-Mail Address (if applicable) |
| Date of Birth: | PA Driver’s License or PennDot ID#: |
| Are you a U.S. Citizen? Yes No | Place of Birth: |
| Ethnicity: (optional; check all that apply) |  | White African American |
| Hispanic Asian American Native American Other |

1. **Employment Information**

|  |  |  |
| --- | --- | --- |
| Employer | Employer’s Address | Present Job Title |
| Profession |

Present Job Description (expanding box)

1. **Education/Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of School** | **Name and Location of School** | **Year Graduated** | **Degree and Field of Study** |
| High School |  |  |  |
| Undergraduate |  |  |  |
| Graduate |  |  |  |
| Other |  |  |  |

1. **Employment History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Position** | **Dates** | **Location** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **References**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Employer** | **City** | **Telephone** | **Relationship** |
|  |  |  | - - |  |
|  |  |  | - - |  |
|  |  |  | - - |  |
|  |  |  | - - |  |

1. **Professional Memberships**

|  |  |  |
| --- | --- | --- |
| **Organization** | **Title/Position** | **Current/Former** |
|  |  |  |
|  |  |  |
|  |  |  |
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1. **Volunteer Participation**

|  |  |  |
| --- | --- | --- |
| **Organization** | **Title/Position** | **Current/Former** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

1. **Veteran Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| During what era did you serve? | Vietnam: | Persian Gulf: | GWOT / Post 9/11: | Other: |
| Were you honorably discharged? | Yes No |
| What Veterans ServiceOrganizations are sponsoring you? | Organization(s) |
| **! Attach your DD-214 and DD-215 or other proof of service!** |
| **! Attach letters of recommendation from sponsoring veterans service organizations!** |

1. **Public Official or Employee Information**

|  |  |
| --- | --- |
| Are you currently an elected or appointed public employee or public official? | Yes No |
| If “Yes”, state your position: |

1. **Miscellaneous Information**

|  |  |  |
| --- | --- | --- |
| **a.** Do you currently serve, or have you ever served, on any local, state, orfederal government board, commission, or committee or in any elected or appointed office? | Yes | No |
| **Entity** | **Position** | **Dates** | **Compensated** | **Reimbursed** |
|  |  |  | Yes | No | Yes | No |
|  |  |  | Yes | No | Yes | No |
|  |  |  | Yes | No | Yes | No |
| **b.** Are you or your spouse related to a local, state, or federal public official? | Yes No |
| **Name of Official and Title** | **Relationship** |
|  |  |
|  |  |
| **c.** Are you or your spouse an officer, director, employee, or paid consultant of a trade association? |
| **Self:** | Yes No | **Spouse:** | Yes No |
| If answer is “Yes”, please list association and position in the expanding block below: |
|  |
| **d.** Have you or your spouse ever been registered as a lobbyist or received compensation to represent someone before a local, state, or federal government? | Yes No |
| **Self or Spouse** | **Entity Represented** | **Entity Lobbied** | **Dates** |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **e.** Do you or your spouse have any material interest in, or is either of you employed by a company that does business with or receives funds from the Commonwealth? | Yes No |
| **Name of Company** | **Details** |
|  |  |
|  |  |
| **f.** To the best of your knowledge, has any federal, state, or local law enforcement or regulatory agency (on behalf of itself or any other person or entity) filed or investigated any grievance or complaint against you, your spouse, or an entity in which you have a material interest? If yes, give details and disposition (investigated, dismissed, reprimanded) | Yes No |
| **Agency** | **Date** | **Details and Disposition** |
|  |  |  |
|  |  |  |
| **g.** To the best of your knowledge, have you, your spouse, or any company in which you have a material interest been investigated, reprimanded, fined, or suspended from doing business with any state or federal agency? If yes, give details and disposition (investigated, reprimanded, fined, suspended) | Yes | No |
| **Agency** | **Date** | **Details and Disposition** |
|  |  |  |
|  |  |  |
| **h.** Have you ever been convicted in a criminal proceeding (excluding traffic violations), placed on probation, required to perform community service, or had a criminal proceeding disposed of by pre-trial diversion, deferred prosecution, deferred adjudication, or some similar proceeding? | Yes No |
| If answer is “Yes”, list the charge, the date of the offense, the city and/or county and state in which it allegedly occurred, and the disposition thereof in the expanding block below. |
|  |

**Include these attachments electronically for the application to be considered complete or the submission will not be recognized:**

* + A scanned photo as an attachment or digital photo pasted to Section 2.
	+ A statement of why you want the position and how you expect to contribute to the workings of the State Veterans' Commission.
	+ A resume or curricula vitae. Complete the application form above in its entirety. A resume is not a substitute for doing so.
	+ Your last DD Form 214 and 215 (if applicable), NGB Form 22, or equivalent proof of service for the purpose of verifying your veteran status.
	+ Not more than three sponsor statements from a recognized Veteran Service Organization active within the state and listed as being on the State Veterans’ Commission. The recommendation letter should provide their rational for so doing.

## CERTIFICATION OF THE APPLICANT

I hereby certify that the foregoing and any attached statements are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment. I assign and hereby give The Adjutant General and the Office of the Governor full authority to conduct background investigations pertinent to this application if needed.

Applicant’s Signature

Date:

## Submit the application and all documents electronically to: ra-svc@pa.gov