



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
BOARD MEMBER APPOINTMENT APPLICATION

MAILING ADDRESS:
 DIVISION OF PROFESSIONAL REGISTRATION
 OFFICE OF THE DIRECTOR
 POST OFFICE BOX 1335
 JEFFERSON CITY, MO 65109
 TELEPHONE: (573)751-1081 • FAX: (573)751-0878
 EMAIL: DIRECTOR@PR.MO.GOV

APPLICATION INSTRUCTIONS

- **Complete the entire application form and include current photo and resume. Failure to respond to any question will make your application incomplete. Please answer “none” or “not applicable” where appropriate.**
- **You (and your spouse, if applicable) must sign this Application and the Authorization and Release form.**
- **Specifically list the name of the board or commission to which you are applying.**
- **Forward the completed application, along with a current resume and photograph to our office by mail, fax, or email.**

BOARD/COMMISSION APPLYING FOR: (CHOOSE FROM THE DROP DOWN BOX, BOARDS NOT LISTED HERE ARE APPOINTED BY THE GOVERNOR OF THE STATE OF MISSOURI AND APPLICATION FOR THOSE BOARDS CAN BE MADE AT BOARDS.MO.GOV)

ARE YOU SEEKING INITIAL APPOINTMENT OR REAPPOINTMENT?

Initial Appointment Reappointment

GENERAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)

WHAT OTHER NAMES HAVE YOU USED? (INCLUDE NAME CHANGES, NICKNAMES, MAIDEN NAMES, AND FORMER MARRIED NAMES)

SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
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HOME PHONE	WORK PHONE
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CELL PHONE	FAX NUMBER
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EMAIL ADDRESS

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MONTH/DATE/YEAR)
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MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow	SPOUSE'S FULL NAME (LAST, FIRST, MIDDLE INITIAL)
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YOUR ETHNICITY (CHECK ONE)

White: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black/African American: All persons having origins in any of the Black original peoples of Africa.

Hispanic/Latino(a): All persons of Mexican, Puerto Rican, Cuban, Central or South America, or Spanish culture or origin, regardless of race.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original people of the Hawaiian Islands and Pacific Islands.

American Indian or Alaskan Native: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

Other:

ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A MISSOURI RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW LONG HAVE YOU BEEN A MISSOURI RESIDENT?	
CURRENT RESIDENTIAL STREET ADDRESS:			
CITY	COUNTY	STATE	ZIP CODE
ARE YOU REGISTERED TO VOTE AT THE ABOVE ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No		YOUR CONGRESSIONAL DISTRICT	
YOUR STATE SENATOR		YOUR STATE REPRESENTATIVE	
POLITICAL AFFILIATION <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other			
CURRENT BUSINESS ADDRESS: STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
SPECIFY YOUR PREFERRED MAILING ADDRESS: <input type="checkbox"/> Residential <input type="checkbox"/> Business			
List all your permanent and temporary places of residence for the last ten (10) years (please attach extra sheets as necessary).			
ADDRESS	CITY	STATE & ZIP CODE	DATES RESIDED
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EDUCATION			
HIGH SCHOOL	DATES ATTENDED	YEAR GRADUATED	
POSTSECONDARY EDUCATION	DATES ATTENDED	CERTIFICATE/DEGREE RECEIVED	
POSTSECONDARY EDUCATION	DATES ATTENDED	CERTIFICATE/DEGREE RECEIVED	
POSTSECONDARY EDUCATION	DATES ATTENDED	CERTIFICATE/DEGREE RECEIVED	
EMPLOYMENT & MEMBERSHIPS			
Please list all employment you have had for the last fifteen (15) years, including your employer's name, business address, type of business, occupation or job title, period(s) of employment, and reasons for leaving (please attach extra sheets as necessary).			
EMPLOYER'S NAME & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	DATES EMPLOYED
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MEMBERSHIP(S) IN PROFESSIONAL OR CIVIC ORGANIZATIONS (PLEASE NOTE OFFICES HELD AND DATES)

DO YOU HOLD OR HAVE YOU PREVIOUSLY HELD ANY LOCAL, STATE OR FEDERAL GOVERNMENT POSITIONS, APPOINTMENTS OR ELECTED OFFICES OR VOLUNTEER FOR A POLITICAL PARTY IN MISSOURI?
 Yes No List dates and positions held:

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES, ITS RESERVE COMPONENTS OR THE NATIONAL GUARD?
 Yes No

IF YES, DID YOU RECEIVE AN HONORABLE DISCHARGE, WERE EVER COURT-MARTIALED, WERE EVER ASSESSED NON-JUDICIAL PUNISHMENT, RESIGNED IN LIEU OF COURT-MARTIAL, OR WERE ADMINISTRATIVELY DISCHARGED?
 Yes No

BRANCH	SERVICE PERIOD	LAST RANK
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HAVE YOU EVER BEEN DENIED SUCH A LICENSE, HAD THAT LICENSE REVOKED OR SUSPENDED, OR BEEN DISCIPLINED WITH RESPECT TO ANY PROFESSIONAL LICENSE?
 Yes No If yes, please identify:

HAVE YOU EVER BEEN A REGISTERED LOBBYIST IN MISSOURI?
 Yes No If yes, please identify:

RECORD OF CHARGES AND CONVICTIONS

HAS ANY CIVIL ORDER OF PROTECTION OR RESTRAINING ORDER RELATING TO DOMESTIC VIOLENCE OR ANY OTHER SUBJECT EVER BEEN ENTERED AGAINST YOU?
 Yes No If yes, please identify:

HAVE YOU EVER HAD ANY CIVIL, ADMINISTRATIVE, OR ARBITRATION ACTION, JUDGMENT OR GARNISHMENT FILED OR ENTERED AGAINST YOU OR AGAINST ANY BUSINESS IN WHICH YOU WERE OWNER OR THE MAJORITY SHAREHOLDER?
 Yes No If yes, please identify:

PERSONAL AND FINANCIAL LIABILITY AND BUSINESS INTERESTS

HAVE YOU EVER FILED PERSONAL BANKRUPTCY OR BEEN ADJUDICATED BANKRUPT? HAS ANY BUSINESS YOU HAVE OWNED, OR OF WHICH YOU HAVE BEEN THE MAJORITY SHAREHOLDER, EVER FILED FOR BANKRUPTCY OR BEEN ADJUDICATED BANKRUPT?
 Yes No If yes, please provide details:

ARE YOU CURRENTLY IN ARREARS ON ANY COURT-ORDERED CHILD SUPPORT PAYMENTS?
 Yes No If yes, please provide details:

HAVE YOU EVER FAILED TO PAY ANY GOVERNMENT-INSURED DEBT OR ANY DEBT OWED TO A GOVERNMENTAL ENTITY?
 Yes No If yes, please identify:

ARE ALL OF YOUR FEDERAL, STATE, AND LOCAL TAXES CURRENT?
 Yes No If no, please explain:

HAVE YOU OR YOUR SPOUSE EVER RECEIVED, OTHER THAN AS AN EMPLOYEE, OR HAS ANY BUSINESS THAT YOU OR YOUR SPOUSE OWNED OR OF WHICH YOU OR YOUR SPOUSE WERE THE MAJORITY SHAREHOLDER, EVER RECEIVED ANY INCOME FROM THE MISSOURI STATE BOARD OR COMMISSION TO WHICH YOU SEEK APPOINTMENT?

Yes No If yes, please identify the income:

DO YOU HAVE, OR HAVE YOU HAD, ANY PERSONAL, FINANCIAL, OR BUSINESS INTEREST OR DEALINGS THAT MIGHT PRESENT A CONFLICT OF INTEREST WITH YOUR PROPOSED APPOINTMENT?

Yes No If yes, please identify:

HAVE MEMBERS OF YOUR IMMEDIATE FAMILY (SPOUSE, CHILD, PARENT, SIBLING), HELD ANY CONTRACTUAL OR OTHER DIRECT DEALINGS DURING THE LAST FOUR (4) YEARS WITH ANY STATE OF LOCAL GOVERNMENT AGENCY IN MISSOURI, INCLUDING THE OFFICE OR AGENCY TO WHICH YOU ARE SEEKING?

Yes No If yes, please explain:

IS THERE ANYTHING, INCLUDING BUT NOT LIMITED TO SOCIAL MEDIA USE, BUSINESS VENTURES OR ORGANIZATIONAL MEMBERSHIPS THAT COULD CAUSE EMBARRASSMENT TO OR DISQUALIFY YOU FROM SERVING ON A BOARD OR COMMISSION?

Yes No If yes, please explain:

PLEASE PROVIDE ANY OTHER INFORMATION ABOUT OTHER MEMBERS OF YOUR FAMILY, WHICH COULD SUGGEST A CONFLICT OF INTEREST OR BE A POSSIBLE SOURCE OF EMBARRASSMENT TO YOU, TO YOUR FAMILY, THE BOARD OR COMMISSION FOR WHICH YOU ARE APPLYING, OR TO THE STATE OF MISSOURI:

REFERENCES

NAME	NATURE OF RELATIONSHIP	CONTACT INFORMATION	YEARS KNOWN

CERTIFICATION

I certify that the information and statements provided by me on this application and on the attached materials are to the best of my knowledge, true and accurate.

APPLICANT'S SIGNATURE	DATE
SPOUSE'S SIGNATURE	DATE



STATE OF MISSOURI
DEPARTMENT OF PROFESSIONAL REGISTRATION
AUTHORIZATION AND RELEASE

I, (name) _____, born at (City) _____,
 (State) _____, on (date) _____, and currently residing at (address) _____
 _____, (County) _____, hereby consent to the release of any and all records and
 information, including any and all confidential, closed, or privileged records and information to the Missouri Division of Professional
 Registration.

I authorize and request every person, firm, company, corporation, government agency, including Missouri Governor's Office, law enforcement agency, court, association, institution, or other entity having control of any documents, records, or other information pertaining to me, to furnish to the Missouri Division of Professional Registration or its authorized agent or representative any such information, including any complaints erased, deleted, or expunged by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Missouri Division of Professional Registration or any of its authorized agents or representatives to inspect and make copies of such documents, records or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax periods to the Missouri Division of Professional Registration or its authorized agent or representative. This tax information may include but not limited to individual income tax, use tax, withholding tax, or any other tax that is administered or collected by the Department of Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information covered by section 32.057, RSMo, under this document.

I authorize and request the Missouri State Highway Patrol and every other law enforcement agency and officer of the United States, this State or any other state or territory of the United States or any foreign country to release to the Missouri Division of Professional Registration or its authorized agent or representative any and all documents, records, or other information pertaining to me.

I authorize and request that any court of law of this State, the United States, any other state or territory of the United States or of any foreign country, including the Office of Chief Disciplinary Counsel under the Missouri Supreme Court, release to the Missouri Division of Professional Registration or its authorized agent or representative any and all documents, records, or other information pertaining to me.

I authorize and request that the custodian of my military records release to the Missouri Division of Professional Registration or its authorized agent or representative any and all information for personal review or photocopies from my military personnel file and related medical records, or only the following information/records: _____. This may include a photocopy of my DD Form 214, Report of Separation.

I, along with my spouse (name), _____ hereby release, discharge and exonerate the Missouri Division of Professional Registration, the Missouri Department of Revenue, the State of Missouri, their authorized agents and representatives, and any person or entity so furnishing information from any and all civil or criminal liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or any investigation or report made by the above persons or entities.

This authorization shall remain in full force and effect until the Missouri Division of Professional Registration is notified in writing that this Release has been revoked by the undersigned individual. A copy of this Release shall have the same effect as the original.

SIGNATURE	DATE	SOCIAL SECURITY NUMBER
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