

<b>RESUME FOR BOARD/COMMITTEE CANDIDATES</b>				1. DATE SUBMITTED		
2. PRINT NAME			3. NAME OF BOARD/COMMITTEE FOR WHICH YOU ARE APPLYING			
4. LIST OTHER LEGAL NAMES YOU HAVE USED OR BEEN KNOWN BY			5. <p><b>Female      Male</b></p> <p><b>Native Indian.</b> A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community.</p> <p><b>Asian.</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This <b>area</b> includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.</p> <p><b>African American</b> not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.</p> <p><b>Hispanic.</b> A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.</p> <p><b>White</b> not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middle East.</p> <p><b>Other:</b> _____</p> <p><b>No Response</b></p>			
6. RESIDENCE ADDRESS (Street, City, State, ZIP Code)						
7. E-MAIL ADDRESS(ES)						
8. TELEPHONE NUMBERS						
9. PLACE OF BIRTH						
10. COUNTY OF RESIDENCE						
11. ARE YOU A UNITED STATES CITIZEN?		12. ILLINOIS RESIDENT SINCE (Year)				
YES      NO						
13. EDUCATION						
A.	SECONDARY - Name and Location of Institution				GRADUATED?	
					Yes      No	
B.	COLLEGE - UNDERGRADUATE/BACCALAUREATE - Name and Location of Institution				GRADUATED?	
					Yes      No	
	NUMBER OF YEARS ATTENDED	CURRICULUM	TYPE OF DEGREE GRANTED	DATE DEGREE ISSUED		
		_____ Major _____ Minor				
	COLLEGE - UNDERGRADUATE/BACCALAUREATE - Name and Location of Institution					
	NUMBER OF YEARS ATTENDED	CURRICULUM	TYPE OF DEGREE GRANTED	DATE DEGREE ISSUED		
		_____ Major _____ Minor				
C.	COLLEGE - POSTGRADUATE - Name and Location of Institution					
	TYPE OF CURRICULUM		TYPE OF DEGREE GRANTED	DATE DEGREE ISSUED		
	COLLEGE - POSTGRADUATE - Name and Location of Institution					
	TYPE OF CURRICULUM		TYPE OF DEGREE GRANTED	DATE DEGREE ISSUED		

14. LICENSE QUALIFICATIONS					
Type of Licensure	License Number	Date of Licensure	State of Licensure	License Ever Disciplined?	Current?
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No

15. PROFESSIONAL EXPERIENCE - Time must be accounted for from graduation to present.

DATE		EMPLOYER NAME AND ADDRESS	DESCRIPTION OF EXPERIENCE
From	To		

16. PROFESSIONAL ASSOCIATIONS/ACTIVITIES

17. HONORS/PUBLICATIONS/OTHER

**NOTE:** If you would also like to submit a resume, please email to: [fpr.boards@illinois.gov](mailto:fpr.boards@illinois.gov).

18. Please explain why you wish to serve in state government.

19. What unique characteristics, qualifications and experiences would you bring to a board or committee?

Please use the remainder of this page to supply additional information; identify by section number, i.e., 13. Education.

# CONFLICT OF INTEREST QUESTIONNAIRE

If answer is "YES" to any of the following, please explain below or on the following page.	YES	NO
1. Have you or your company entered into any business or consulting contracts with the State in the last three years? If so, list your partners (if any), and identify all state agencies and departments with which you or your company have had a contract in the last three years.		
2. If you answered "Yes" to question number 1, did you receive more than 7 1/2% of the total distributable income under a State contract other than an employment contract or did you, together with your spouse or immediate family member living with you, receive more than 15% in the aggregate of the total distributable income under a State contract other than an employment contract?		
3. Have you ever been named a party to any lawsuit or administrative proceeding? If so, please list county and year filed, disposition, and brief description of the case.		
4. Have you ever been arrested for or convicted of a felony, or convicted of any criminal offense in Illinois, or in another state, or in federal court (other than minor traffic violations)? If yes, please provide date and place of arrest/conviction and the nature of the offense(s).		
5. Are you aware of any investigation of your conduct by any federal, state or local law enforcement agency?		
6. Have you ever filed for protection under the bankruptcy laws?		
7. Have you ever defaulted on a bank, personal or government-guaranteed loan?		
8. Are you, your spouse/domestic partner or any member of your immediate family a public official, government employee or a lobbyist registered with the State of Illinois?		
9. Is there anything in your background, including any investments or real estate holdings, which might create or appear to create any conflict of interest with your appointment?		
10. Is there anything in your background which, if it were disclosed, might prove to be embarrassing to you or to the Governor?		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">Print Name</div> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">Date Submitted</div> </div>		

Conflict of Interest Questionnaire (page 2)

Please use this page to add additional explanatory information; identify by question number.

## Notice and Certification - #1

The Illinois Lobbyist Registration Act (25 ILCS 170) provides, in pertinent part, as follows:

### **Sec. 3.1. Prohibition on serving on boards and commissions.**

Notwithstanding any other law of this State, on and after February 1, 2004, but not before that date, a person required to be registered under this Act (Lobbyist Registration Act), his or her spouse, and his or her immediate family members living with that person may not serve on a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor; except that this restriction does not apply to any of the following:

- (1) a registered lobbyist, his or her spouse, or any immediate family member living with the registered lobbyist, who is serving in an elective public office, whether elected or appointed to fill a vacancy; and
- (2) a registered lobbyist, his or her spouse, or any immediate family member living with the registered lobbyist, who is serving on a State advisory body that makes nonbinding recommendations to an agency of State government but does not make binding recommendations or determinations or take any other substantive action.

The Illinois Lobbyist Registration Act provides in part that "the following persons shall register with the Secretary of State as provided herein:

- (1) Any person who, for compensation or otherwise, either individually or as an employee or contractual employee of another person, undertakes to influence executive, legislative or administrative action.
- (2) Any person who employs another person for the purpose of influencing executive, legislative or administrative action."

I certify that I read and have no conflict with Section 3.1 of the Lobbyist Registration Act (25 ILCS 170). I further certify that should I be appointed as a member of an Advisory Board under the jurisdiction of the Illinois Department of Financial and Professional Regulation, I will remain in compliance with this Act (25 ILCS 170).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Submitted

## Notice and Certification - #2

The Illinois State Officials and Employees Ethics Act (5 ILCS 430) provides, in pertinent part, as follows:

### **Sec. 5-55. Prohibition on serving on boards and commissions.**

Notwithstanding any other law of this State, on and after February 1, 2004, a person, his or her spouse, and any immediate family member living with that person is ineligible to serve on a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor if (i) that person is entitled to receive more than 7 1/2% of the total distributable income under a State contract other than an employment contract or (ii) that person together with his or her spouse and immediate family member living with that person are entitled to receive more than 15% in the aggregate of the total distributable income under a State contract other than an employment contract; except that this restriction does not apply to any of the following:

- (1) a person, his or her spouse, or his or her immediate family member living with that person, who is serving in an elective public office, whether elected or appointed to fill a vacancy; and
- (2) a person, his or her spouse, or his or her immediate family member living with that person, who is serving on a State advisory body that makes nonbinding recommendations to an agency of State government but does not make binding recommendations or determinations or take any other substantive action.

I certify that I read and have no conflict with Section 5-55 of the State Officials and Employees Ethics Act (5 ILCS 430). I further certify that should I be appointed as a member of an Advisory Board under the jurisdiction of the Illinois Department of Financial and Professional Regulation, I will remain in compliance with Section 5-55 of this Act (5 ILCS 430).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Submitted

## Certification

By signing below, I hereby certify that the foregoing responses are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of fact may result in my immediate disqualification for appointment. I authorize the State of Illinois to review my credit and criminal history, and/or to request more information about my background.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When signed and completed, please save pdf and email directly to:

**[fpr.boards@illinois.gov](mailto:fpr.boards@illinois.gov)**

Illinois Department of Financial and Professional Regulation



**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**  
**REQUEST FOR RELEASE OF INFORMATION**

I, (print your full name) \_\_\_\_\_, do hereby authorize the Department of Financial and Professional Regulation (Department) to obtain and release any information relative to any criminal history or driver's license records (resulting information), which it might have or access, concerning me to any agency of the State of Illinois. I understand this information will be used solely to determine my suitability for appointment or reappointment to a board or committee with the State of Illinois or qualification for security access to any facility for which the Department or any other State Agency has responsibility.

I certify that the Department, its officers and employees shall not be held accountable for obtaining or releasing the resulting information for the stated purpose, and I hereby release and hold harmless the Department, its officers and employees from any and all liability which may be incurred or arise as a result of obtaining or releasing the resulting information for the stated purpose.

A photocopy of this release form will be valid as an original, even though the photocopy does not contain an original writing of my signature.

**PERSONAL INFORMATION**

Address: \_\_\_\_\_

Drivers License number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex/Race \_\_\_\_\_

Maiden Last Name, Former Married Name(s) or Other Names Used: \_\_\_\_\_

Have you ever pled guilty to, been found guilty of, or been convicted of any criminal offense other than a minor traffic violation? Please initial next to the appropriate answer below. If your answer to the question is "yes", please attach a detailed statement concerning the date, offense, city, and state for each occurrence.

YES \_\_\_\_\_ NO \_\_\_\_\_

I have read, understand, and agree to the contents of this Request for Release of Information. I certify the information on this release is true and accurate to the best of my knowledge and understand that misrepresentation of this material may be grounds for ineligibility or termination of appointment or reappointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date