COMMONWEALTH OF KENTUCKY

INFORMATION FOR BOARDS AND COMMISSIONS

Please indicate Boards/Commissions you wish to consider

Advisory Committee on the Need for Services for Individuals who are Deaf or Hard of Hearing

Return Completed Form To:

Michelle Niehaus

KY Division for Behavioral Health

275 E. Main Street, 4W-G

Frankfort, KY 40621

Fax (502) 564-9010

Michelle.Niehaus@ky.gov

 Your Name (Last, First, Middle) \*County \*Congressional District

 Mr.

 Ms.

 Mrs.

 Home Address City State Zip

 Date of Birth \*Party Affiliation: Dem. Rep. Ind. Race

 (Underline one)

 Your Occupation Business Phone Number & Fax Number Residence Phone Number

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Email address Mobile Number

 Current Employer Business Address

 Spouse’s Name Spouse’s Employer

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**EDUCATION AND GENERAL QUALIFICATIONS:**

Level Name of School No. Years Did you Major Course(s) of

 Attended Graduate Study

 High School

 College/Other

Memberships in Organizations.

Also Indicate Current Positions

With Political Party or

Organization.

Indicate Any Public Office

Currently Held.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_ IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

REFERENCES (List two persons not related to you, whom you have known for at least one year)

 Name Address Phone Number Years Acquainted

\*Necessary for certain boards to comply with state law in regard to balance

CURRENT RESUME MAY ALSO BE SENT

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_