

**COMMONWEALTH OF KENTUCKY
INFORMATION FOR BOARDS AND COMMISSIONS**

Return Completed Form To:
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Please indicate Boards/Commissions you wish to consider

 Kentucky Commission on Services and Supports for Individuals with
 Intellectual and Other Developmental Disabilities

Your Name (Last, First, Middle) Mr. Ms. Mrs.		*County	*Congressional District
Home Address	City	State	Zip
Date of Birth		*Party Affiliation: Dem. Rep. Ind.	Race
Your Occupation	Business Phone Number & Fax Number		Residence Phone Number
Email address			Mobile Number
Current Employer	Business Address		
Spouse's Name	Spouse's Employer		

EDUCATION AND GENERAL QUALIFICATIONS:

Level	Name of School	No. Years Attended	Did you Graduate	Major Course(s) of 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: _____