

COMMONWEALTH OF KENTUCKY  
INFORMATION FOR BOARDS AND COMMISSIONS

Return Completed  
Form To:  
**HB144@ky.gov**

Please indicate Boards/Commissions you wish to consider

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

**Position applying for:** \_\_\_\_\_

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: \_\_\_\_\_