

Questionnaire for Nominations Requiring Senate Confirmation



Section I. Basic Information

Name: _____
Prefix First Name M.I. Last Name Suffix Date of Birth

Current Residence: _____
Street Address PO Box

City State ZIP Code

Contact Info: _____
Day Phone Cellphone Email

Have you resided at your current residence **less** than five years? Yes No

If "Yes," please list all residences for the past five years, excluding current residence.

1.
2.
3.

Section II. Employment Experience

Please provide your professional work history, starting with the most recent.

Employer/Company	Position/Title	Start/End Dates (mm/dd/yy)

Section III. Professional Licenses

License	Date Issued	Status (active, inactive, pending)

Has your professional license ever been suspended, revoked or has disciplinary action ever been taken by any licensing authority, or are you currently under investigation for any complaints against you or your license? Yes No

If "Yes," please explain:

Section IV. Education & Qualification

Please provide your complete educational background. Dates do not have to be exact.

	School Name/State	Certificate, Diploma, or Degree	Dates Attended (mm/dd/yy)
High School			
College			
Other			
Other			
Other			
Other			

Please explain (1) how you qualify for this appointment and (2) why you wish to serve in this position.

Section V. References

Please list three references **who are not relatives or members of the Delaware State Senate.**

Name	Phone Number

Section VI. Organizations and Society Memberships

Please list any organizations of which you are now or have been a member of **during the past five years.**

Organization	Current or Previous?

Section VII. Questionnaire

1. Do you currently hold an official position (appointed, civil service, other) with the federal or any foreign government? Yes No

If "Yes," please explain:

2. Have you ever been elected or appointed to any public office? (This includes all governor-appointed positions in the State of Delaware.) Yes No

If "Yes," please list below:

Title/Board/Commission	Election/Appointment Date	Years Served	Senate Confirmation Required?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

3. Are you registered to vote in Delaware? Yes No
If "Yes," what is your political party? _____

4. Has a tax lien or other collection procedure ever been instituted against you by federal, state, or local authorities? Yes No
If "Yes," please explain:

5. Have you ever been refused a fidelity, surety, performance, or other bond? Yes No
If "Yes," please explain:

6. Do you or your spouse own real property, personal property, financial holdings or receive income from a source which might present, or appear to present, a conflict of interest if you are appointed? Yes No
If "Yes," please explain:

7. Within the past five years, have you or your spouse been affiliated (as an employee, officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) which might present, or appear to present, a potential conflict of interest with your requested appointment? Yes No
If "Yes," please explain:

8. Have you filed federal and state income tax returns for the past seven years? Yes No
If "No," please explain:

9. Have you been convicted of a misdemeanor or a felony as an adult? Yes No
If "Yes," please explain:

10. Are you currently under any federal, state or local investigation for violation of a criminal law? Yes No
If "Yes," please explain:

11. Do you know of any reason(s) why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No
If "Yes," please explain:

12. Are you aware and accept that the entire Delaware State Senate confirmation process, including this document, is open to the public and subject to the Freedom of Information Act? Yes No

I fully understand that I alone am responsible for the accuracy and veracity of all information in this questionnaire.

Please indicate your acceptance of the above terms by typing your first and last name on the line below.

Name: Date: _____

**Please save this document to your computer, then email it as an attachment to gov_appointments@state.de.us.
If you do not receive an e-mail confirmation, you must call (302) 744-4104 or (302) 744-4235.**