

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM**

Please state below, the Board or Commission or general subject area in which you have an interest:

Name: _____

Social Security #: _____ Date of Birth: _____ U.S. Citizen Registered

Race: _____ Gender: _____ (Ethnic/gender data is solely to assure diversity in representation)

Home Address: _____

City: _____ State: _____ Zip: _____

Resident County: _____

MD Legislative District: _____ MD Congressional District: _____ Council or Commission District: _____

Occupation: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Phones: (Office): _____ (Home): _____

(Cell): _____ (Fax): _____

Email Address: _____

Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal or juvenile proceeding?

No Yes (Specify): _____

Sponsoring Organization (if Any): _____

Do you hold a Maryland License to practice a profession or trade? Yes No

Specify License: _____

Are you an officer or director of, or engaged in lobbying activity for, any organization? Yes No

Specify License: _____

Are you an officer or director of, or engaged in lobbying activity for, any organization? Yes No

Specify Organization or Activity: _____

Do you hold an elected or appointed office w/State or local government, or a political party? Yes No

Specify Office: _____

Please return to:
Anna Lieberman, Administrator
Office of Appointments and Executive Nominations
Room 519A, 201 W. Preston Street

Phone 410-767-4049 Fax 410-333-7687 Email: alieberman@dnhm.state.md.us

Please attach a resume which includes information concerning your academic background, work experience, and professional, political, and civic organization affiliations. If a resume is not available, please supply the requested information in the space below.

ACADEMIC BACKGROUND:

WORK EXPERIENCE:

ORGANIZATIONAL AFFILIATIONS: