



Illinois Department of Financial and Professional Regulation

PAT QUINN
Governor

BRENT E. ADAMS
Secretary

Thank you for your interest in serving on a board under the jurisdiction of the Illinois Department of Financial & Professional Regulation. Attached is an application packet that you may complete and return to the Department's Springfield office to the attention of Jill Kreoger, 320 W. Washington St., 3rd Floor, Springfield, Illinois 62786 or by email to Jill.Kreoger@illinois.gov.

This information will enable us to complete a routine internal check to determine eligibility.

Should you have any questions about the application process, please do not hesitate to call Jill Kreoger in our office at (217) 557-8786.

RESUME FOR BOARD/COMMITTEE CANDIDATES		1. NAME OF BOARD/COMMITTEE FOR WHICH YOU ARE APPLYING																						
2. PRINT NAME		3. <table style="width:100%; border: none;"> <tr> <td style="width: 15%;">Female</td> <td style="width: 15%;">Male</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>American Indian or Alaskan Native. A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Black not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Spanish or Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>White not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middle East.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other: _____</td> </tr> </table>		Female	Male		<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaskan Native. A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community.	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.	<input type="checkbox"/>	<input type="checkbox"/>	Black not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/>	<input type="checkbox"/>	Spanish or Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.	<input type="checkbox"/>	<input type="checkbox"/>	White not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middle East.	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
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4. RESIDENCE ADDRESS (Street, City, State, ZIP Code)																								
5. E-MAIL ADDRESS(ES)																								
6. SOCIAL SECURITY NUMBER	7. DRIVER'S LICENSE NUMBER																							
8. TELEPHONE NUMBER HOME: BUSINESS: CELL:	9. COUNTY OF RESIDENCE																							
10. PLACE OF BIRTH	11. DATE OF BIRTH (M/D/Y)																							
12. Have you ever been convicted of any criminal offense (s) in Illinois, or in another state, or in federal court (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach explanation stating the date and place of conviction (s) and the nature of such offense (s).</i>																								
13. EDUCATION																								
A. SECONDARY - Name and Location of Institution		GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
B. COLLEGE - UNDERGRADUATE/BACCALAUREATE - Name and Location of Institution		GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
NUMBER OF YEARS ATTENDED	CURRICULUM _____ Major _____ Minor	TYPE OF DEGREE GRANTED	DATE DEGREE ISSUED																					
COLLEGE - UNDERGRADUATE/BACCALAUREATE - Name and Location of Institution																								
NUMBER OF YEARS ATTENDED	CURRICULUM _____ Major _____ Minor	TYPE OF DEGREE GRANTED	DATE DEGREE ISSUED																					
C. COLLEGE - POSTGRADUATE - Name and Location of Institution																								
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14. LICENSE QUALIFICATIONS

Type of Licensure	License Number	Date of Licensure	State of Licensure	Current?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

15. PROFESSIONAL EXPERIENCE - Time must be accounted for from graduation to present.

DATE		EMPLOYER NAME AND ADDRESS	DESCRIPTION OF EXPERIENCE
From	To		

16. PROFESSIONAL ASSOCIATIONS/ACTIVITIES

17. HONORS/PUBLICATIONS/OTHER

I, _____, authorize the State of Illinois to conduct an investigation into all aspects of my qualifications and background. I authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to any agency of the State of Illinois conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. I release any individual, organization, or agency from any and all liability incurred as a result of providing such records.

Signature _____

Date Submitted _____

CONFLICT OF INTEREST QUESTIONNAIRE

If answer is "YES" to any of the following, please explain.	YES	NO
1. Have you or your company entered into any business or consulting contracts with the State in the last three years? If so, list your partners (if any), and identify all state agencies and departments with which you or your company have had a contract in the last three years.		
2. If you answered "Yes" to question number 1, did you receive more than 7 1/2% of the total distributable income under a State contract other than an employment contract or did you, together with your spouse or immediate family member living with you, receive more than 15% in the aggregate of the total distributable income under a State contract other than an employment contract?		
3. Have you ever been named a party to any lawsuit or administrative proceeding? If so, please list county and year filed.		
4. Have you ever been arrested or convicted of a felony?		
5. Are you aware of any investigation of your conduct by any federal, state or local law enforcement agency?		
6. Have you ever filed for protection under the bankruptcy laws?		
7. Have you ever defaulted on a bank or personal loan?		
8. Do you have any government-guaranteed loan outstanding?		
9. Is any member of your immediate family employed by the State?		
10. Is there anything in your background, including any investments or real estate holdings, which might create or appear to create any conflict of interest with your appointment?		
11. Is there anything in your background which, if it were disclosed, might prove to be embarrassing to you or to the Governor?		

Print Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Authorization for Appointment / Employment Credit Report

I authorize the Illinois State Police to obtain a credit report on myself through the credit reporting agency of its choice.

Signature

Print Name

Current Address

City / State

Date

Appointment / Employment Credit Report Disclosure Statement

The Illinois State Police will procure a credit report concerning my appointment / employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, the Illinois Department of Financial and Professional Regulation will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

Signature

Print Name

Date

Notice and Certification - #1

The Illinois Lobbyist Registration Act (25 ILCS 170) provides, in pertinent part, as follows:

Sec. 3.1. Prohibition on serving on boards and commissions.

Notwithstanding any other law of this State, on and after February 1, 2004, but not before that date, a person required to be registered under this Act (Lobbyist Registration Act), his or her spouse, and his or her immediate family members living with that person may not serve on a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor; except that this restriction does not apply to any of the following:

- (1) a registered lobbyist, his or her spouse, or any immediate family member living with the registered lobbyist, who is serving in an elective public office, whether elected or appointed to fill a vacancy; and
- (2) a registered lobbyist, his or her spouse, or any immediate family member living with the registered lobbyist, who is serving on a State advisory body that makes nonbinding recommendations to an agency of State government but does not make binding recommendations or determinations or take any other substantive action.

The Illinois Lobbyist Registration Act provides in part that "the following persons shall register with the Secretary of State as provided herein:

- (1) Any person who, for compensation or otherwise, either individually or as an employee or contractual employee of another person, undertakes to influence executive, legislative or administrative action.
- (2) Any person who employs another person for the purpose of influencing executive, legislative or administrative action."

I, _____, certify that I read and have no conflict with Section 3.1 of the Lobbyist Registration Act (25 ILCS 170). I further certify that should I be appointed as a member of the _____ Board of the Illinois Department of Financial and Professional Regulation I will remain in compliance with this Act (25 ILCS 170).

Signature

Date

Notice and Certification - #2

The Illinois State Officials and Employees Ethics Act (5 ILCS 430) provides, in pertinent part, as follows:

Sec. 5-55. Prohibition on serving on boards and commissions.

Notwithstanding any other law of this State, on and after February 1, 2004, a person, his or her spouse, and any immediate family member living with that person is ineligible to serve on a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor if (i) that person is entitled to receive more than 7 1/2% of the total distributable income under a State contract other than an employment contract or (ii) that person together with his or her spouse and immediate family member living with that person are entitled to receive more than 15% in the aggregate of the total distributable income under a State contract other than an employment contract; except that this restriction does not apply to any of the following:

- (1) a person, his or her spouse, or his or her immediate family member living with that person, who is serving in an elective public office, whether elected or appointed to fill a vacancy; and
- (2) a person, his or her spouse, or his or her immediate family member living with that person, who is serving on a State advisory body that makes nonbinding recommendations to an agency of State government but does not make binding recommendations or determinations or take any other substantive action.

I, _____, certify that I read and have no conflict with Section 5-55 of the State Officials and Employees Ethics Act (5 ILCS 430). I further certify that should I be appointed as a member of the _____

Board of the Illinois Department of Financial and Professional Regulation I will remain in compliance with Section 5-55 of this Act (5 ILCS 430).

Signature

Date