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| Y:\Seals\House Seal.gif | SPEAKER DADE PHELANAPPOINTMENT APPLICATION |

1. **Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Legal Name | | | |
| Preferred Name | | | |
| Spouse’s Name | | | |
| Physical Home Address | | | |
| City, State Zip      , | | | |
| Mailing Address | | | |
| City, State Zip      , | | | |
| County | Work Telephone     -   - | Home Telephone     -   - | |
| Cellular     -   - | Preferred E-mail Address | | State Senator |
| Secondary E-Mail Address (if applicable) | | | State Representative |

**2. State Board(s), Commission(s), Task Force(s) or Areas of Interest to You:**

|  |  |
| --- | --- |
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**3. Employment Information**

|  |  |  |
| --- | --- | --- |
| Employer | Employer’s Address | Present Job Title |
| Profession |
| Present Job Description | | |

|  |
| --- |
| **Name** |

**4. Education/Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of School** | Name and Location of School | **Year Graduated** | **Degree and**  **Field of Study** |
| High School |  |  |  |
| Undergraduate |  |  |  |
| Graduate |  |  |  |
| Other |  |  |  |

**5. Employment History**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | **Position** | **Dates** | **Location** |
|  |  |  |  |
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**6. References**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | **Employer** | **City** | **Telephone** | **Relationship** |
|  |  |  | -   - |  |
|  |  |  | -   - |  |
|  |  |  | -   - |  |
|  |  |  | -   - |  |
|  |  |  | -   - |  |

**7. Military Service**

|  |  |  |
| --- | --- | --- |
| Are you or have you ever been a member of the Armed Forces of the United States: Yes No | | |
| **Branch** | **Dates of Service** | **Type of Discharge** |
|  |  |  |
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| --- |
| **Name** |

**8. Miscellaneous Information**

*Note: “Material interest” is defined as (a) serving on the governing board of directors or (b) a ten (10) percent or greater ownership. This does not apply to any mutual funds in which you do not exercise authority in investment decisions.*

|  |  |
| --- | --- |
| Have you filed federal income tax returns for the past five (5) years? If no, give details. | Yes  No |
|  | |

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| --- | --- |
| Are you, your spouse, or any company in which you have a material interest currently delinquent in any local, state or federal taxes? If yes, give details. | Yes  No |
|  | |

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| --- |
| **Name** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you currently serve, or have you ever served, on any local, state or federal government board, commission or committee or in any elected or appointed office? | | | | Yes  No |
| **Entity** | **Position** | **Dates** | **Compensated**  **(Y/N)** | **Reimbursed**  **(Y/N)** |
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| --- | --- | --- |
| Are you or your spouse related to a local, state, or federal public official? | | Yes  No |
| **Name of Official and Title** | **Relationship** | |
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| --- | --- | --- |
| Do you or your spouse have any material interest in, or are either of you employed by, any company that does business with or receives funds from the State of Texas?  If yes, give full name and details: | | Yes  No |
| **Name of Company** | **Details** | |
|  |  | |
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| --- | --- |
| Are you or your spouse an officer, director, employee or paid consultant of a trade association?  Yes  No  If yes, please list association and position: | Self |
| Spouse |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you or your spouse ever been registered as a lobbyist or received compensation to represent someone before a local, state, or federal government? | | | Yes  No |
| **Self or**  **Spouse** | **Entity Represented** | **Entity Lobbied** | Dates |
|  |  |  |  |
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| --- | --- | --- | --- |
| In the last five years, have you, or any company in which you have a material interest, been licensed by a Texas state agency? If yes, give details. | | | Yes  No |
| **Agency** | **Type of License** | **License #** | **Expiration** |
|  |  |  |  |
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|  |
| --- |
| **Name** |

|  |  |  |  |
| --- | --- | --- | --- |
| To the best of your knowledge, has any federal, state or local law enforcement or regulatory agency (on behalf of itself or any other person or entity) filed or investigated any grievance or complaint against you, your spouse, or an entity in which you have a material interest? If yes, give details and disposition (investigated, dismissed, reprimanded) | | | Yes  No |
| **Agency** | **Date** | **Details and Disposition** | |
|  |  |  | |
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| --- | --- | --- | --- |
| To the best of your knowledge, have you, your spouse, or any company in which you have a material interest been investigated, reprimanded, fined or suspended from doing business with any state or federal agency? If yes, give details and disposition (investigated, reprimanded, fined, suspended) | | | Yes  No |
| **Agency** | **Date** | **Details and Disposition** | |
|  |  |  | |
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| --- | --- |
| Have you ever been convicted in a criminal proceeding (excluding traffic violations), placed on probation, required to perform community service, or had a criminal proceeding disposed of by pre-trial diversion, deferred prosecution, deferred adjudication, or some similar proceeding?    If yes, list the charge, the date of the offense, the city and/or county and state in which it allegedly occurred, and the disposition thereof. | Yes  No |
|  | |

**9. Certification**

|  |  |  |
| --- | --- | --- |
| **Full Legal Name** | | |
| **Date of Birth**    **/**    **/** | **Texas Driver License or DPS ID#** | |
| **Are you a U.S. Citizen?  Yes  No** | | **Place of Birth** |
| **Date of naturalization (if not a citizen upon birth)**    **/**    **/** | | |
| **Ethnicity: (optional; check all that apply)  White**  **African American  Native American**  **Hispanic**  **Asian American**  **Native Hawaiian or Other Pacific Islander**  **Two or More Races  Other** | | |

**CERTIFICATION OF APPLICANT**

**I hereby certify that the foregoing and any attached statements are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**Submit by ONE of the following:**

**Appointments Staff**

**Office of the Speaker**

**PO Box 2910**

**Austin, Texas 78768**

**Speaker.Appointments@speaker.texas.gov**