UNITED HOUMA NATION, INC. 20986 Hwy. 1 Golden Meadow, LA 70357 (985)475-6640 Fax (985)475-7109



APPLICATION FOR APPOINTMENT TO UHN BOARDS AND COMMITTEES

					I.	App	oint	ment Sough	t:							
Please check th	ne bo	x for tl	ne bo	ard or co	mmittee	you	are s	eeking appoi	ntm	ent:	1					
□ Enrollment I□ KUHN Advis□ Tribal Schoo□ UHN Comm□ Other: Plea	ory Boa I Boa unity	oard rd Planni	_	mmittee		nnel Secu	Comi	& Community			□ Finar □ Scho s Commi □ UHN	larsh ttee	ip Cc	mm	ittee	
							Pers	onal Data:								
First Name:				Last	Nam						Mido	dle Ir	nitial:			
Date of Birth:		/	/		Trib	al Ro	II #:			Soc	ial Securi	ty #:				_
Name of Spouse:		<u> </u>	<u>'</u>					Tribal Distri of Residenc					Se	ex:	□ Fen	
Physical Address:									1							
Mailing Address:																
Home Phone:	()	_		Work Phone:		() -			Cell Phone:	()	_	
Personal Email:		,			1	1		Work Email:						,		
III.	Emp	loym	ent a	nd Wor	k Experi	ience	e (ple	ase list em	oloy	me	nt histor	ry fo	r las	t 5 y	ears):	
Current Emplo Name:	yer															
Title:		Dates of Employment:														
Business Addre	ess:											•				
Telephone #:								Fax #:								

Other Employer							
Name:							
Title:	Dates of						
	Employment:						
Business Address:							
Talanhana #	Fax #:						
Telephone #:							
	IV. Education:						
	s, locations, degree/year and major. Add additional pages if needed.						
1.							
2.							
	V. Licenses and Certifications:						
	licenses or certificates that you have, the date you were originally licensed, the licensing agency						
and expiration date	(CPA, Registered Nurse, P.E., etc.)						
1.							
2							
2.							
	VI. Military Service:						
Include branch, rank	c, dates of service and type of discharge and date of discharge.						
VII. Community Involvement:							
Please list all boards	s, commissions, organizations and societies of which you are a current member.						

VIII. Conflict of Interest Disclosure:						
1. Have you been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc) within the past five years which						
might present a conflict of interest or appearance of conflict of interest with your requested appointment? □ No □ Yes If yes, please explain.						
2. Do you own real property, personal property, or financial holdings which might present a potential conflict of interest or appearance of a conflict of interest with your requested appointment?						
□ No □ Yes If yes, please explain.						
3. Have you ever been convicted of a violation of any federal, state, parish or municipal law, regulation or ordinance (including traffic violations for which a fine of \$300.00 or more was imposed, this includes driving under the influence of alcohol and/or drugs)? □ No □ Yes If yes, please explain.						
4. Are you currently under federal, state or local investigation for a possible violation of a criminal law or ordinance? □ No □ Yes If yes, please explain.						
5. Have you ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? □ No □ Yes If yes, please explain.						
6. Are there any pending complaints against you involving any court, administrative agency, professional association, disciplinary committee, or other professional group? □ No □ Yes If yes, please explain.						
7. Have you previously or do you currently serve as a board member or employee of the board to which you are seeking an appointment? □ No □ Yes If yes, please list your dates of service and any positions held.						
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IX. Personal Statement:						
Please briefly explain why you wish to serve on this board or committee including your time commitment availability to serve in this role.	t and					
X. Authorization and Release:						
I understand that in connection with this application for appointment to any board or commission an ext investigation of my personal and business background may be conducted. I hereby authorize the release information pertaining to me or businesses in which I participated, including information of a confidential nature in the possession of government or private agencies or individuals. I hereby release all such agencial individuals who furnish such information from liability for damages which may result from furnishing the requested. I certify that the information on this form, provided by me, is true to the best of my knowledge hereby authorize any investigation of the answers I have provided.	of any and all al or privileged cies or information					
Applicant Signature: Date:						
Office Use Only:						
omee ose omy.						
Application Received: Date Reviewed by Appointing Body:						
Application Status: Approved Appointment Date: Denied Term Expiration:						
All notices of approval and/or denial should be attached to application. Initial on Completion	etion:					