

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. Appointment Sought:

Please check the box for the board or committee you are seeking appointment:

- | | | |
|---|---|--|
| <input type="checkbox"/> Enrollment Board | <input type="checkbox"/> Election Board | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> KUHN Advisory Board | <input type="checkbox"/> Personnel Committee | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Tribal School Board | <input type="checkbox"/> Tribal Security & Community Services Committee | |
| <input type="checkbox"/> UHN Community Planning Committees such as Banquet, Elders Fest, etc. | <input type="checkbox"/> UHN Tribal Council | |
| <input type="checkbox"/> Other: Please describe below. | | |

II. Personal Data:

First Name:		Last Name:		Middle Initial:	
Date of Birth:	/ /	Tribal Roll #:		Social Security #:	- -
Name of Spouse:		Tribal District of Residence:		Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Physical Address:					
Mailing Address:					
Home Phone:	() -	Work Phone:	() -	Cell Phone:	() -
Personal Email:		Work Email:			

III. Employment and Work Experience (please list employment history for last 5 years):

Current Employer Name:			
Title:		Dates of Employment:	
Business Address:			
Telephone #:		Fax #:	

Other Employer Name:			
Title:		Dates of Employment:	
Business Address:			
Telephone #:		Fax #:	

IV. Education:

Please list all schools, locations, degree/year and major. Add additional pages if needed.

1.
2.

V. Licenses and Certifications:

List any job-related 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.

VI. Military Service:

Include branch, rank, dates of service and type of discharge and date of discharge.

VII. Community Involvement:

Please list all boards, 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.

