

UNITED HOUMA NATION, INC.  
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## 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<br><input type="checkbox"/> KUHN Advisory Board<br><input type="checkbox"/> Budget and Finance Committee<br><input type="checkbox"/> UHN Community Planning Committees such as Banquet, Elders Fest, etc.<br><input type="checkbox"/> Other: Please describe below. | <input type="checkbox"/> Election Board<br><input type="checkbox"/> Personnel Committee<br><input type="checkbox"/> Tribal Security & Community Services Committee |
|---|--|

### II. Personal Data:

First Name:		Last Name:		Middle Initial:	
Date of Birth:	/ /	Tribal Roll #:			- -
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 #:	
<b>IV. Education:</b>			
Please list all schools, locations, degree/year and major. Add additional pages if needed.			
1.			
2.			
<b>V. Licenses and Certifications:</b>			
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.			
<b>VI. Military Service:</b>			
Include branch, rank, dates of service and type of discharge and date of discharge.			
<b>VII. Community Involvement:</b>			
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.

**IX. Personal Statement:**

Please briefly explain why you wish to serve on this board or committee including your time commitment and availability to serve in this role.

Multiple empty horizontal lines for writing the personal statement.

**X. Authorization and Release:**

I understand that in connection with this application for appointment to any board or commission an extensive investigation of my personal and business background may be conducted. I hereby authorize the release of any and all information pertaining to me or businesses in which I participated, including information of a confidential or privileged nature in the possession of government or private agencies or individuals. I hereby release all such agencies or individuals who furnish such information from liability for damages which may result from furnishing the information requested. I certify that the information on this form, provided by me, is true to the best of my knowledge and do hereby authorize any investigation of the answers I have provided.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

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: \_\_\_\_\_