



# Application for DOH Secretary Appointment to a Committee

Please email your completed application along with your resume to the program manager listed on the recruitment notice (preferred) or mail to:

Department of Health, Office of Health Professions and Facilities, PO Box 47852, Olympia, WA 98504-7852

If you have questions about the committee application process, please email us at:

[HSQA.OHPGENERAL@doh.wa.gov](mailto:HSQA.OHPGENERAL@doh.wa.gov)

Name of Board(s) or Committee(s) for which you would like to be considered.  Check if applying for public member position

Name: \_\_\_\_\_

### Business Contact Information

### Home Contact Information

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

County \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Cell: \_\_\_\_\_

Home Cell: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Home Email: \_\_\_\_\_

May we contact you via email regarding the status of your application?  Yes  No

How may we best contact you?  Business Phone  
 Business Cell  
 Home Phone  
 Home Cell

Are you registered to vote in Washington State?  Yes  No  
Legislative District of which you reside: \_\_\_\_\_

Congressional District of which you reside: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Your Legislative and Congressional District can be found on your Voter identification card

Have you ever been convicted of or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.)  Yes  No

If "Yes", please attach an explanation to this application.

Education (high school, name and location of college or university, year graduated, and degree):

---

---

---

Current employment (job title, employer, employment date, contact, phone):

---

---

---

Health Care Practitioner licenses held (if applicable):

---

---

---

Professional References (name, title, relationship, contact phone number):

1) 

---

2) 

---

Personal References (name, title, relationship, contact phone number):

1) 

---

2) 

---

Previous employment or experience:

---

---

---

---

Memberships in professional, civic organizations or government boards, commissions, or committees (please include offices held and dates of term):

---

---

---

---

Community service/volunteer activities:

---

---

---

---

Could you or any member be affected financially by decisions made by the board or committee for which you are applying?  Yes  No  
If "Yes", please explain.

---

---

Most Board and Committee meetings are held during the day. Are you able to come prepared and actively participate in day meetings?  Yes  No

Why do you want to serve on this particular Board or Committee(s)? Please attach explanation to this application.

**Personal Information:**

Female  Male

Of what race or ethnicity do you consider yourself to be?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Black/African-American             | <input type="checkbox"/> White/Caucasian                  | <input type="checkbox"/> Latino(a), Hispanic, or Spanish |
| <input type="checkbox"/> Asian or Pacific Islander American | <input type="checkbox"/> American Indian or Alaska Native |  |

*If you are Asian or Pacific Islander, please check one box below:*

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chinese      | <input type="checkbox"/> Korean       |
| <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Japanese     |
| <input type="checkbox"/> Filipino     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asian Indian | _____                                 |

*If you are American Indian or Alaska Native, please check one box below:*

- |  |
|--|
| <input type="checkbox"/> Eskimo                        |
| <input type="checkbox"/> Aleut                         |
| <i>Enrolled or principal tribe if American Indian:</i> |
| Tribe: _____   |

*If you are Latino(a), Hispanic, or Spanish, please check one box below:*

- |   |
|---|
| <input type="checkbox"/> Mexican, Mexican-American, Chicano   |
| <input type="checkbox"/> Puerto Rican                         |
| <input type="checkbox"/> Cuban                                |
| <input type="checkbox"/> Other Latino(a), Hispanic or Spanish |

*Enter group, such as Columbian, Dominican, etc.*

Group: \_\_\_\_\_

Do you have a permanent physical, sensory, or mental condition that limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, and learning?  Yes  No  
If "Yes", please attach an explanation to this application.

Have you ever been on active duty in the U.S. Armed Forces?  Yes  No      Are you a citizen of the United States?  Yes  No

If "Yes":

Type of Discharge \_\_\_\_\_

Branch of Service \_\_\_\_\_

Campaigns \_\_\_\_\_

The above information is optional and not necessary to complete your application.

**I hereby authorize that my criminal record history, and tax records may be checked and certify that the information provided in this application is true, correct, and complete to the best of my knowledge. I am enclosing a current resume.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date