

**Pennsylvania**

**State Veterans’ Commission**

**Member-at-Large**

**Position Application**

**Please consult the Application Guide before or while completing this document.**

**Use Tab/Shift-Tab to navigate through the form.**

1. **Personal Information 2. Photograph**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Legal Name: | | | Digital photo pasted here  or a scanned photo included  as an attachment. |
| 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 |

**3. Employment Information**

|  |  |  |
| --- | --- | --- |
| Employer | Employer’s Address | Present Job Title |
| Profession |
| Present Job Description (expanding box) | | |

**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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6. References**

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

**7. Professional Memberships**

|  |  |  |
| --- | --- | --- |
| **Organization** | **Title/Position** | **Current/Former** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**8. Volunteer Participation**

|  |  |  |
| --- | --- | --- |
| **Organization** | **Title/Position** | **Current/Former** |
|  |  |  |
|  |  |  |
|  |  |  |
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**9. Social Media Information**

|  |  |  |
| --- | --- | --- |
| Do you use, or have you ever used, any of the following? If “yes,” provide additional information. | | |
| Facebook | Yes  No | Username |
| Twitter | Yes  No | Handle @ |
| Instagram | Yes  No | Username |
| LinkedIn | Yes  No | Profile |
| Google+ | Yes  No | Username |

**10. Veteran Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| During what era did you serve? | Vietnam: | Persian Gulf: | GWOT:  (aka Post 9/11) | Other: |
| Were you other than dishonorably discharged? | Yes  No | | | |
| What Veterans Service Organizations are sponsoring you? | Organization(s) | | | |
| **! Attach your DD-214 and DD-215 or other proof of service !** | | | | |
| **! Attach letters of recommendation from sponsoring veterans service organizations !** | | | | |

### 11. Public Official or Employee Information

|  |  |
| --- | --- |
| Are you currently an elected or appointed public employee or public official? | Yes  No |
| If “Yes”, state your position: | |

### 12. Office Machinery/Computer Equipment Familiarity

|  |  |
| --- | --- |
| Computers | Yes  Somewhat  No |
| I-Pad/Tablets | Yes  Somewhat  No |
| Printers | Yes  Somewhat  No |
| Scanners | Yes  Somewhat  No |
| Routers and Internet connections | Yes  Somewhat  No |

### 13. Software Familiarity

|  |  |
| --- | --- |
| Word-type document software | Yes  Somewhat  No |
| Excel-type spreadsheet software | Yes  Somewhat  No |
| PowerPoint-type presentation software | Yes  Somewhat  No |
| Access-type database software | Yes  Somewhat  No |
| Email software | Yes  Somewhat  No |

### 14. Areas of Expertise

|  |  |  |
| --- | --- | --- |
| Do you have “hands on” expertise or other experience in an area of expertise concerning veterans? | | |
| Area of Expertise | Answer |  |
| a. Assisting veterans in homelessness issues. | Yes  No | If “Yes,” describe in expanding block below |
|  | | |
| b. Assisting veterans in education and training | Yes  No | **If “Yes,” describe in expanding block below** |
|  | | |
| c. Assisting veterans in employment issues | Yes  No | **If “Yes,” describe in expanding block below** |
|  | | |
| d. Assisting veterans in health, mental health, or long-term care issues | Yes  No | **If “Yes,” describe in expanding block below** |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **a.** 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** | | **Reimbursed** |
|  |  |  | Yes  No | | Yes  No |
|  |  |  | Yes  No | | Yes  No |
|  |  |  | Yes  No | | Yes  No |

**15. Miscellaneous Information**

|  |  |  |
| --- | --- | --- |
| **b.** 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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| --- | --- | --- | --- |
| **c.** Are you or your spouse an officer, director, employee or paid consultant of a trade association? | | | |
| **Self:** | Yes  No | **Spouse:** | Yes  No |
| If answer is “Yes”, please list association and position in the expanding block below: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **d.** 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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| --- | --- | --- | --- |
| **e.** Do you or your spouse have any material interest in, or is either of you employed by a company that does business with or receives funds from the Commonwealth? | |  | Yes  No |
| **Name of Company** | **Details** | | |
|  |  | | |
|  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **f.** 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** | | |
|  |  |  | | |
|  |  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **g.** 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 | No |
| **Agency** | **Date** | **Details and Disposition** | | |
|  |  |  | | |
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| --- | --- | --- |
| **h.** 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? | Yes  No |  |
| If answer is “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 in the expanding block below. | | |
|  | | |

**16. Certification**

|  |  |  |
| --- | --- | --- |
| Full Legal Name: | | |
| Date of Birth: | PA Drivers License or PennDot ID#: | |
| Are you a U.S. Citizen?  Yes  No | Place of Birth: | |
| Ethnicity: (optional; check all that apply) | | White  African American |
| Hispanic  Asian American  Native American  Other | | |

**Include these attachments electronically for the application to be considered complete, or the submission will not be recognized:**

* A scanned photo as an attachment or digital photo pasted to Section 2.
* A statement of why you want the position and how you expect to contribute to the workings of the State Veterans' Commission.
* A resume or curricula vitae. Complete the application form above in its entirety. A resume is not a substitute for doing so.
* Your last DD Form 214 and 215 (if applicable), NGB Form 22, or equivalent proof of service for the purpose of verifying your veteran status.
* One or more sponsor statements from a nationally recognized veterans service organization active within the state and listed as being on the State Veterans’ Commission. The letter recommending you for the position should provide their reasoning for so doing (See application guide or website for more guidance on this subject.).
* Letters of reference from legislators and others are not required or necessary.

**CERTIFICATION OF THE 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. I assign and hereby give the The Adjutant General and the Office of the Governor full authority to conduct background investigations pertinent to this application if needed.

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

Applicant’s Signature

Date

**Submit all documents electronically as one PDF file** [**RA-SVC@pa.gov**](mailto:RA-SVC@pa.gov) **(see Application Guide concerning certification) and in the body write:**

TO: State Veterans’ Commission

ATTN: Nomination Committee