

UNITED HOUMA NATION, INC.

400 Monarch Drive

Houma, LA 70364

(985)223-3093

E-Mail Council Secretary: roxanna.foret@unitedhoumanation.org



## 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"/> Budget and Finance Committee | <input type="checkbox"/> Personnel Committee                            |
| <input type="checkbox"/> UHN Education Committee      | <input type="checkbox"/> Tribal Security & Community Services Committee |
| <input type="checkbox"/> UHN Media Committee          | <input type="checkbox"/> UHN Community Planning Committees such as      |
| <input type="checkbox"/> Other: Please describe here. | Banquet, Elders Fest, etc.  |

### 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 #:	
<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.

**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  
☐ Denied

Appointment Date: \_\_\_\_\_  
Term Expiration: \_\_\_\_\_

All notices of approval and/or denial should be attached to application.

Initial on Completion: \_\_\_\_\_