

Advisory Committee on Medical Marijuana (ACMM) Appointments Interest Form

The purpose of this form is to assist the Director and staff in evaluating the qualifications of an applicant for appointment to the ACMM. Please complete the entire form and return to:

Department of Human Services, Public Health Division, OMMP
P.O. Box 14450
Portland, OR 97293-0450
Phone (971) 673-1234 Fax (971) 673-1278
This form is available on the Web page www.oregon.gov/DHS/ph/ommp/

PERSONAL DATA

Preferred Mailing Address: Home Business

Preferred Title _____

First Name _____ MI _____ Last Name _____

Home Address _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Occupation _____

Home Phone _____ Business Phone _____

E-mail address _____

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender and background. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

Gender

- Male
 Female

Race/Ethnicity

- Asian or Pacific Islander
 African American
 Hispanic

- Native American
 Caucasian
 Multiracial/Other

Disability

EDUCATION Schools attended, include high school. A current resume may be substituted for this section.

School	City & State	Dates	Degree/Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT & EXPERIENCE List major paid employment & significant volunteer activities. A current resume may be substituted for this section.

Dates	Employer/Organization	City & State	Title/Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INTEREST IN APPOINTMENT Describe in detail why you are interested in serving on the ACMM. Include information about your background that supports your interest. *You may complete this section on a separate sheet.*

I will accept appointment if selected by the Director and if appointed, I pledge my best efforts to resolve, before assumption of office any conflicts of interest that would be inconsistent with my responsibilities as a committee appointee.

Signature _____ Date _____

APPOINTMENTS BACKGROUND INFORMATION

Furnishing the following information is voluntary, but failure to provide the requested data may preclude selection for appointment. The Director's Office considers the information on this page to have been submitted in confidence pursuant to ORS 192.502(4). The director will not release this page for public inspection unless required to do so. Information submitted on this Interest Form will be maintained confidential to the extent permitted by the Oregon Public Records Law.

The Director's Office may conduct a background investigation to obtain information about you. Please provide the following information and sign below to permit the investigation to be conducted.

I hereby authorize the Director's Office to obtain any and all records pertaining to me on file with law enforcement agencies, and past and present employers, employees, business associates, and acquaintances.

Signature _____ Date _____

- a. Please provide any other names you have used or been known as: _____
- b. Are you legally authorized to work in the United States? Yes No
- c. Have you been disciplined, terminated or asked to resign from a position by an employer within the past 10 years? Yes * No
- d. Have you ever been convicted, arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation (except minor traffic offenses with a fine or less than \$100.00)? Yes * No
- e. Have you ever held a professional license of any kind? Yes * No
- f. If you have held a professional license, have you ever had disciplinary action of any nature taken against you with regard to such license? Yes * No
- g. If you are appointed, is there anything in your background, not covered by questions (a-f) above, that might reflect poorly on the State of Oregon or the ACMM to which you have applied, if known publicly? Yes * No

* If your answer to any of the above questions (c-g) is "yes," please give full details on the back of this page or a separate sheet of paper.

Disclosure of your Date of Birth is voluntary. If provided, it may be used to obtain your criminal history records, if any. Failure to provide your Date of Birth for these purposes will delay processing your Interest Form.

Date of Birth _____ / _____ / _____
 Month Day Year