

Nominating Committee for the Board of Commissioners of the
Southeast Louisiana Flood Protection Authorities

APPLICATION FOR APPOINTMENT TO SOUTHEAST FLOOD PROTECTION AUTHORITY

***NOTE: All personal information requested in the boxes below will not be available to the public; please see Acknowledgement on the final page of this application for more details.*

SECTION 1: APPLICANT INFORMATION

1. Full Name _____
First Middle Last

2. Board which you are applying for:

Southeast Louisiana Flood Protection Authority - East (SLFPA-E) _____
Southeast Louisiana Flood Protection Authority - West (SLFPA-W) _____

3. Parish where you currently reside: _____

SECTION 2: PERSONAL INFORMATION

4. Driver's license number # _____

5. Date of Birth: _____

6. Social Security # _____

7. Name of Spouse: _____

8. Ethnicity* _____

9. Sex* _____

10. Contact information

Home Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Home Phone: (____) _____ Cell: (____) _____

Fax: (____) _____

Preferred Email: _____

**NOTE: Information requested is voluntary; the primary purpose is to assist in broad representation of the community.*

Nominating Committee for the Board of Commissioners of the
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___ Yes ___ No

Have you resided at your current Residence Less than 5 years? If yes, please list all residences before the past 5 years below:

SECTION 3: PROFESSIONAL AND EDUCATIONAL INFORMATION

11. Current Employment*

Company: _____ Title: _____

Address: _____

City	Parish	State	Zip
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Phone: (____) _____ Fax: (____) _____

**If Self-Employed and address and phone are the same as personal residence, please so indicate*

Applicant's company/ professional email: _____

12. Past Work Experience (Last 10 Years)

Employer	Title/Type of business	City/State	Date (From-To)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Education

School (Location)	Degree (Year)	Major
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nominating Committee for the Board of Commissioners of the
Southeast Louisiana Flood Protection Authorities

14. Licenses and Certifications

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. _____
3. _____

15. Military Service

List Branch, rank, dates of service, date and type of discharge:

16. Professional Associations: List all business, professional, government and educational boards, commissioned organizations and societies of which you are a current member and positions held, if any:

17. ____ Yes ____ No Are you a citizen or legal alien of the United States?
18. ____ Yes ____ No Have you been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant with any institutions (corporations, firms, partnerships, businesses enterprises, non-profit organizations, etc.) within the past five years which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain on a separate sheet of paper.
19. ____ Yes ____ No Do you or a member of your immediate family own or have an interest or part in any business, company or entity conducting business of any kind with the authority or levee district within the territorial jurisdiction of the authority or any of the facilities controlled by the authority or any such district. If yes, please explain on a separate sheet of paper.
20. ____ Yes ____ No Do you own real property, personal property, or financial holdings which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain on a separate sheet of paper.

Nominating Committee for the Board of Commissioners of the
Southeast Louisiana Flood Protection Authorities

21. ____ Yes ____ No 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 \$100.00 or more was imposed, this includes driving under the influence of alcohol and/or drugs)? If yes, please explain on separate sheet of paper.
22. ____ Yes ____ No Are you currently under federal, state, or local investigation for possible violation of a criminal law or ordinance? If yes, please explain on a separate sheet of paper.
23. ____ Yes ____ No Have you ever been disciplined, cited, or sanctioned for a break 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? If yes, please explain on a separate sheet of paper.
24. ____ Yes ____ No Are there any pending complaints against you involving any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please explain on a separate sheet of paper.
25. ____ Yes ____ No Have you previously or do you currently serve as a member of any elected body? If yes, Please list position and dates held on a separate sheet of paper.
26. ____ Yes ____ No Have you previously or are you currently a registered lobbyist? If yes, please list the name(s) of the agency or entity you lobbied and the principal(s) you represent on a separate sheet of paper.
27. ____ Yes ____ No Have you ever been employed as a public employee of the state or local government? If yes, please identify the employer(s) and the dates of employment on a separate sheet of paper.

28. Please briefly explain why you wish to serve on this board.

29. Are there any factors that may adversely impact your ability to serve on this board?

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SECTION 4 PROFESSIONAL REFERENCES:

30. List four individuals for whom you have worked directly; if self-employed please provide professional references. Please give name, address, and current phone numbers for each.

1. _____
Name

_____	_____
Address	Phone

2. _____
Name

_____	_____
Address	Phone

3. _____
Name

_____	_____
Address	Phone

4. _____
Name

_____	_____
Address	Phone

32. PLEASE ATTACH A COPY OF YOUR CURRENT RESUME.

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ACKNOWLEDGEMENT

Upon signing this application, I acknowledge that if appointed to the board for which I have applied, I shall not participate or engage in political activity to support or oppose the election of a candidate for political office; support a particular party or issue in an election; be a member of any national, state, or local committee of any political party or faction; make or solicit contributions for any political party, faction, candidate, or issue; or take active part in the management of the affairs of a political party, faction, candidate, or any political campaign, except to exercise my right as a citizen to express my opinion privately and to cast my vote as I desire. I also acknowledge that pursuant to La. R.S. 44:12.1, the public shall be made available with the above information, except as outlined in Sections 2, 3, and 4.

Applicant Signature

Date

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 business 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