

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
REQUEST FOR APPOINTMENT CONSIDERATION  
BIOGRAPHICAL INFORMATION FORM**

Please state below the Board or Commission or general subject area in which you have an interest:

Application for:        New Appointment                      Reappointment

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

Date of Birth: \_\_\_\_\_    U.S. Citizen            Registered Voter    MD resident since \_\_\_\_\_

Race: \_\_\_\_\_   Gender: \_\_\_\_\_ (Ethnic/gender data is solely to assure diversity in representation)

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

City: \_\_\_\_\_   State: \_\_\_\_\_           Zip: \_\_\_\_\_

Resident County: \_\_\_\_\_

MD Legislative District: \_\_\_\_\_ MD Congressional District: \_\_\_\_\_ Council or Commission District: \_\_\_\_\_

(You may obtain your district information at <http://mdelect.net/electedofficials/>)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_   State: \_\_\_\_\_   Zip: \_\_\_\_\_

Phones: (Office): \_\_\_\_\_                   (Home): \_\_\_\_\_

(Cell): \_\_\_\_\_                   (Fax): \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal or juvenile proceeding?

No    Yes (Specify): \_\_\_\_\_

Sponsoring Organization (if Any): \_\_\_\_\_

Do you hold a Maryland License to practice a profession or trade?                    Yes            No  
Specify License: \_\_\_\_\_

Are you an officer or director of, or engaged in lobbying activity for, any organization?                    Yes            No  
Specify License: \_\_\_\_\_

Are you an officer or director of, or engaged in lobbying activity for, any organization?                    Yes            No  
Specify Organization or Activity: \_\_\_\_\_

Do you hold an elected or appointed office w/State of local government, or a political party?                    Yes            No  
Specify Office: \_\_\_\_\_

**PLEASE RETURN TO:**

Anna Lieberman, Administrator, Office of Appointments and Executive Nominations  
Department of Health and Mental Hygiene  
201 W. Preston Street, Baltimore, MD 21201  
Telephone: 410-767-4049   Fax: 410-767-6483   E-mail: [alieberman@dhhm.state.md.us](mailto:alieberman@dhhm.state.md.us)

Please attach a resume, which includes information concerning your academic background, work experience, and professional, political, and civic organization affiliations. If a resume is not available, please supply the requested information in the space below.

ACADEMIC BACKGROUND:

WORK EXPERIENCE:

ORGANIZATIONAL AFFILIATIONS: