



# Coordinating Board for Higher Education

Application for Appointment to  
Board of Trustees, St. Louis Community  
College District

Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, Missouri  
65102-1469  
Phone: (573) 751-2361  
Toll-free: (800) 473-6757  
Fax: (573) 751-6635  
Email: [info@dhe.mo.gov](mailto:info@dhe.mo.gov)  
<http://dhe.mo.gov>

## APPOINTMENT APPLICATION – STLCC Board of Trustees

### Application Instructions:

• This application form is for residents within the St. Louis Community College (STLCC) District to seek appointment by the Coordinating Board for Higher Education (CBHE) to the STLCC Board of Trustees. Section 178.820.6 RSMo 2015 directs the CBHE to appoint one trustee to the seven member board. The appointed Trustee shall enjoy the same rights as other members of the STLCC Board of Trustees.

• To apply, complete the entire application form and include a cover letter, resume, references, and a written statement, no more than 300 words, explaining your reason(s) for applying:

If by e-mail, to: [appointments@dhe.mo.gov](mailto:appointments@dhe.mo.gov)

If by fax, to: (573) 751-6635

If by mail, to: Missouri Department of Higher Education  
ATTN: STLCC Board of Trustees Appointment  
205 Jefferson Street, 11<sup>th</sup> Floor  
Jefferson City, Missouri 65101

The submission deadline for applications is January 4, 2016, at 5:00 p.m., Central Standard Time. Applications received after the submission deadline will not be considered for this appointment.

Full Name: \_\_\_\_\_  
*Last First Middle Initial*

What other names have you used? (Include name changes, nicknames, maiden names, and former married names) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Gender:  Male  Female  Other Date of Birth (mo/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widow

Spouse's Full Name: \_\_\_\_\_

\*Your ethnicity (check one):

**White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black/African American:** All persons having origins in any of the Black original peoples of Africa.

**Hispanic/Latino(a):** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

**Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.

**Native Hawaiian or Pacific Islander:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands.

**American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Other: Please self-define:** \_\_\_\_\_

\*Note: Your response to this question is voluntary. This information will be used for statistical purposes only, and will in no way be considered by the CBHE in evaluating your application.

Are you a United States Citizen? \_\_\_\_\_

Are you a Missouri resident? \_\_\_\_\_ How long? \_\_\_\_\_

Current Residential Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City County State Zip*

Are you registered to vote at the above address? \_\_\_\_\_

Specify your preferred mailing address: Residential [ ] Business [ ]

List all your permanent and temporary places of residence for the last ten (10) years:

\_\_\_\_\_  
*Address City & State From To*

\_\_\_\_\_  
*Address City & State From To*

\_\_\_\_\_  
*Address City & State From To*

List all your current and former residences outside of Missouri that you have maintained at any time during adulthood (including college addresses):

\_\_\_\_\_  
*Address City & State From To*

\_\_\_\_\_  
*Address City & State From To*

\_\_\_\_\_  
*Address City & State From To*

Education:

<i>High School</i>	<i>Dates Attended</i>	<i>Year Graduated</i>
<i>High School</i>	<i>Dates Attended</i>	<i>Year Graduated</i>
<i>Postsecondary Education</i>	<i>Dates Attended</i>	<i>Certificate/Degree Received</i>
<i>Postsecondary Education</i>	<i>Dates Attended</i>	<i>Certificate/Degree Received</i>
<i>Postsecondary Education</i>	<i>Dates Attended</i>	<i>Certificate/Degree Received</i>

Please list all employment you have had for the last fifteen (15) years, including your employer's name, business address, type of business, occupation or job title, period(s) of employment, and reasons for leaving (please attach extra sheets as necessary):

<i>Employer's Name &amp; Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>
<i>Employer's Name &amp; Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>
<i>Employer's Name &amp; Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>
<i>Employer's Name &amp; Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>
<i>Employer's Name &amp; Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>

Membership(s) in professional or civic organizations (please note offices held and dates):

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Do you hold or have you previously held any local, state or federal government positions, appointments or elected office(s)? If so, please list dates and positions held:

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Have you ever been a member of the Armed Forces of the United States, its reserve components, or the National Guard? If yes, please state the branch, service period, and last rank, and please indicate if you did *not* receive an honorable discharge, were ever court-martialed, were ever assessed non-judicial punishment, resigned in lieu of court-martial, or were administratively discharged: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now under any charge or charges for any crime? If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever, as an adult, been charged with any crime or arrested for any crime for which you were not convicted, excluding minor traffic offenses (i.e., fine was less than \$100)? If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any civil litigation or garnishment action ever been filed against you? If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any civil order of protection or restraining order relating to domestic violence or any other subject ever been entered against you? If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any civil, administrative, or arbitration judgment or garnishment entered against you or against any business in which you were owner or the majority shareholder? If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed personal bankruptcy or been adjudicated bankrupt? If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently in arrears on any court-ordered child support payments? If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any business you have owned, or of which you have been the majority shareholder, ever filed for bankruptcy or been adjudicated bankrupt? If yes, please identify: \_\_\_\_\_

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Have you ever failed to pay any government-insured debt or any debt owed to a governmental entity? If yes, please identify: \_\_\_\_\_

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Have you ever applied for, or held a license for a business, trade, or profession that required proof of good character or an examination? If yes, please identify the license, the issuing authority, and the initial date of licensing: \_\_\_\_\_

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Have you ever been denied such a license, had that license revoked or suspended, or been disciplined with respect to that license? If yes, please identify: \_\_\_\_\_

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Have you or your spouse 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, the Missouri Ethics Commission, professional association, disciplinary committee, or other professional group? If yes, please identify: \_\_\_\_\_

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Are all of your federal, state, and local taxes current? If no, please explain: \_\_\_\_\_

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Within the past three years, has any business venture for which you were an owner or person responsible for remitting withholding taxes or sales taxes, failed to pay such taxes in a timely manner? If yes, please explain: \_\_\_\_\_

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Have you or your spouse ever received, other than as an employee, or has any business that you or your spouse owned or of which you or your spouse were the majority shareholder, ever received any income from the St. Louis Community College District? If yes, please identify the income: \_\_\_\_\_

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Have you ever been a registered lobbyist in Missouri? If yes, please identify: \_\_\_\_\_

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Do you have, or have you had, any personal, financial, or business interest or dealings that might present a conflict of interest with your proposed appointment? If yes, please identify:

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Is there anything in your or your spouse's background that might become an embarrassment to you if it were to become public? Please consider carefully any letters to the editor, blog posts, etc., you or your spouse may have authored, even anonymously. If yes, please explain: \_\_\_\_\_

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Have you or your spouse ever had any association with any person, group, or business venture that could be used, even unfairly, to discredit or attack your character and qualifications for the position to which you seek to be appointed? If yes, please describe: \_\_\_\_\_

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Have you or your spouse ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue, or with an issue under the supervision of the board or commission to which you seek appointment? If yes, please explain: \_\_\_\_\_

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Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your potential appointment? If yes, please explain: \_\_\_\_\_

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Have members of your immediate family (spouse, child, parent(s), sibling(s)), held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Missouri, including Coordinating Board for Higher Education? If yes, please explain: \_\_\_\_\_

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Have you or your spouse at any time belonged to any membership organization that, as a matter of policy or practice, denied or restricted membership or affiliation based on race, sex, disability, ethnic background, religion, or sexual orientation, or has been subject to a claim that it has done so? If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any other information, including information about other members of your family, which could suggest a conflict of interest or be a possible source of embarrassment to you, to your family, St. Louis Community College, or the Coordinating Board for Higher Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References:

Name	Nature of Relationship	Contact Information	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CERTIFICATION**

I, \_\_\_\_\_ (print name), certify that the information and statements provided by me on this Application and on the attached materials, are to the best of my knowledge, true and accurate.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse's Signature*

\_\_\_\_\_  
*Date*

**EXECUTIVE OFFICE, STATE OF MISSOURI  
AUTHORIZATION & RELEASE**

I, (name) \_\_\_\_\_, born at (city) \_\_\_\_\_,

(state) \_\_\_\_\_, on (date) \_\_\_\_\_, and currently residing at (address) \_\_\_\_\_

\_\_\_\_\_, (county) \_\_\_\_\_ having applied for a governmental appointment, hereby consent to the release of information to the Coordinating Board for Higher Education. I authorize and request every person, firm, company, corporation, government agency, law enforcement agency, court, associate, or institution having control of any documents, records or other information pertaining to me personally and to any corporations, partnerships, or companies of which I am an owner, or may be a responsible person for collection of taxes under the tax laws of the state of Missouri, to furnish to the Coordinating Board for Higher Education through the Missouri State Highway Patrol any such information, including all credit reports or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Coordinating Board for Higher Education, the Missouri State Highway Patrol or any of their agents or representatives to inspect and make copies of such documents, records or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Coordinating Board for Higher Education through the Missouri State Highway Patrol. This tax information may include but is not limited to individual income tax, sales tax, use tax, withholding tax or any other tax that is administered or collected by the Department of Revenue pertaining to me personally and to any corporations, partnerships, or companies of which I am an owner or may be a responsible person for collection of taxes under the tax laws of the state of Missouri. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information covered by section 32.057 RSMo under this document.

I authorize the custodian of my military records to release to the Coordinating Board for Higher Education through the Missouri State Highway Patrol information for personal review or photocopies from my military personnel file and related medical records, or only the following information/records:\_. This could include a photocopy of my DD Form 214, Report of Separation.

I, along with my spouse (name) \_\_\_\_\_, hereby release, discharge and exonerate the Coordinating Board for Higher Education, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, their agents and representatives, and any person so furnishing information hereunder, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities. A copy of this release shall have the same effect as the original.

This authorization shall remain in full force and effect until the Coordinating Board for Higher Education is notified in writing that this release has been revoked by the undersigned individual.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Signature of Spouse) (Date)

\_\_\_\_\_  
(Spouse's Social Security Number)