



**Independent Oversight Committee (IOC)
Application for Appointment
(Human Rights Committees)**

Complete both pages of this application and submit with current resume, to:

Arizona Department of Administration

100 North 15th Avenue, Suite 305, Phoenix, Arizona 85007

You may submit your completed application and resume via email to ioc@azdoa.gov

APPLICANT

Full Name: _____ **Date of Birth:** _____
(First Name, Middle Initial, Last Name) (mm/dd/yyyy)

PREFERRED METHOD OF CONTACT

Contact Information

Mailing Address: _____

Home: _____ Office: _____

Cell: _____ Email Address: _____

Work Information (if applicable)

Employer: _____ Position/Title: _____

Office Address: _____

License/Certification (if applicable)

Type: _____ Number: _____ Date: _____

REFERENCES

1.	_____	_____	_____	_____
	First Name, Last Name	Relationship	Years Known	Phone
2.	_____	_____	_____	_____
	First Name, Last Name	Relationship	Years Known	Phone
3.	_____	_____	_____	_____
	First Name, Last Name	Relationship	Years Known	Phone

Please select the primary area of your expertise. Select only one option under the agency you are applying for.

DES		DCS		AHCCCS & DHS/ASH	
A.R.S. § 41-3801		A.R.S. § 41-3802		A.R.S. § 41-3803	
Developmentally Disabled		Children, Youth and Family		Behavioral Health Services	
7-15 members		7-15 members		7-15 members	
1.	Psychology	1.	Psychology	1.	Psychology
2.	Law	2.	Law	2.	Law
3.	Medicine	3.	Medicine	3.	Medicine
4.	Education	4.	Education	4.	Education
5.	Special education	5.	Special education	5.	Special education
6.	Social work	6.	Social Work	6.	Social work
7.	Criminal Justice	7.	Parent of child w/services	7.	Mental health
8.	Parent of child w/services	8.	Other	8.	Housing for the mentally ill
9.	Other			9.	Criminal justice
				10.	Public safety
				11.	Parent of child w/services
				12.	Other

AFFIRMATION OF ELIGIBILITY:

In accordance with A.R.S. 38-201, every state officer shall not be less than eighteen years of age, a citizen of the United States and a resident of this state. Do you meet these requirements?

Yes ____ No ____ If no, please attach explanation.

Have you ever been arrested or to your knowledge, have any formal charges of professional misconduct, criminal misdemeanor or a felony ever been filed against you in any jurisdiction?

Yes ____ No ____ If yes, please attach description. Answering "yes" will not disqualify an applicant from consideration.

I certify that the facts contained in this application are true and correct to the best of my knowledge. I have expressed an interest and confirm that I meet the requirements of the committee position. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

SIGNATURE: _____ **DATE:** _____

Questions? If assistance is required completing this form, please call us at (602) 542-2024