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### Personal Data Form

Candidate name \_\_\_\_\_

Maiden Name *(if different)* \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Position/Job title \_\_\_\_\_ Yrs with Present Employer \_\_\_\_\_

Previous Home Address - if less than 2 yrs \_\_\_\_\_

**Educational Background** (check if level completed)

High School  Bachelor's  Masters  Doctorate  Other Certification \_\_\_\_\_

Major Field of Study \_\_\_\_\_

Other Training or experience:



**IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.**

Have you ever been denied, either as an individual or within a position schedule listing of, a bond or had a bond canceled or revoked?      Yes      No

Have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked?      Yes      No

Has the certificate of incorporation or authority of license to do business in any state or federally chartered credit union, bank or other financial institution of which you were an officer, director or key management person ever been suspended or revoked?      Yes      No

Are you currently involved, in any capacity, with any financial institution, check cashier, lending agency, collection agency, or other financial services provider?      Yes      No

Have you ever been requested, advised, ordered or told by any regulatory authority or government agency to:

A. Divest any stock ownership or other ownership interest you currently have or have had in any financial institution?      Yes      No

B. Leave or resign as an officer, director, agent, employee, consultant or representative of any credit union, bank or other financial institution?      Yes      No

Have you been adjudged a bankruptcy within the last ten (10) years?      Yes      No

Have you ever been convicted of a criminal offense involving dishonesty or a breach of trust?      Yes      No

CRIMINAL OFFENSE: \_\_\_\_\_

Nature of Offense \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Date of Conviction \_\_\_\_\_

Sentence Conferred \_\_\_\_\_

To facilitate the process of obtaining a credit union background check, please provide the following:

1. Any other names which you have used \_\_\_\_\_

2. Name of Spouse \_\_\_\_\_



# GICU Board of Directors Candidate Application Form

Please complete the following questionnaire and return **no later than December 12, 2017**.  
Attach additional sheets as necessary.

1. Explain in 150 words or less why you would like to be a director of GICU.  
**Or**  
Explain in 150 words or less why you would like to continue serving as a director of GICU.
  
2. List memberships in professional societies and associations, volunteer positions, directorates or offices held for the past ten (10) years: (use separate sheet if necessary)
  
3. List involvement on any local, state, or national board level committees. Include number of years or dates served.
  
4. What do you feel would be your greatest contribution to GICU?
  
5. Please provide any additional information not already mentioned above that would be relevant to your candidacy for the GICU board of directors. (150 words or less)

\_\_\_\_\_  
Signature of candidate

\_\_\_\_\_  
Date

*If you need assistance with specific credit union information, please contact Cathy Krebs, executive assistant to president/ CEO – Recording Secretary to the Board of Directors at 515-956-3011 or 800-296-9064, extension 3011.*

**RETURN FORM NO LATER THAN December 12, 2017 – MAIL TO: GREATER IOWA Director Nominations; Attention: Cathy Krebs, 1509 Baltimore Drive, Ames IA 50010 OR FAX to (515) 956-6910 OR e-mail to [ckrebs@gicu.org](mailto:ckrebs@gicu.org).**

GREATER IOWA OFFICE USE ONLY	
Date Received _____	
Date to Governance/Nominating Committee _____	