

# Science, Technology, and Innovation Board (STIB)

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Biographical Information Intake Form (v20260204)

(Fields marked with red outlines are **REQUIRED** fields.)

## **Full Name**

Last Name

First Name (Formal)

Middle Initial

Title/Honorific/Prefix (e.g.: Dr., Hon. etc.)

If no middle name, type "N/A"

Preferred Name:

Personal Email Address:

Preferred Phone:

Preferred Email Address for DSB Communications:

## **Primary Home Address**

Street Address 1

Street Address 2

City

State

Zip

## **Emergency Contact Information**

\*Emergency Contact #1 Name:

\*Emergency Contact #1 Phone Number:

Emergency Contact #2 Name:

Emergency Contact #2 Phone Number:

## **Professional Expertise**

4 – 6 sentences listing areas of expertise

**Military Service History**

Do you currently serve or have you served in the U.S. Military?

Military Branch:

Military Rank:

Current Military Status:

**Primary Employer Information**

Employer Name (If none, list Private Consultant):

Current Position/Title:

Work Phone Number:

Work Email:

**Assistant Contact Information (if applicable)**

Assistant Name:

Assistant Phone:

Assistant Email:

**Prior History Section**

Are you a retired Federal Employee?

IF YES, please submit latest annuity statement with nomination package. Attached

Did you receive a buyout?

Are you a retired Servicemember?

IF YES, have you retired within the last 180 days?

IF YES, provide a completed DD214 (working copy is okay) Attached

Are you a prior Highly Qualified Expert?

IF YES, provide a copy of the resignation letter. Attached

Are you a prior political appointee?

Are you a prior Senate confirmed individual?

Form Completed (Date )