

QUESTIONNAIRE FOR GOVERNOR'S NOMINEE FOR DEPARTMENTS, AGENCIES, BOARDS & COMMISSIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS QUESTIONNAIRE.

- 1) <u>ALL</u> questions must be fully and correctly answered and returned to the Office of Legal Counsel within seven (7) business days of your receipt of the Questionnaire.
- 2) Do not submit a resume instead of this Questionnaire.
- If more than the allotted space on this form is required for a complete and full answer, please attach as many additional 8½ x 11 sheets as may be needed. At the top of each additional sheet put your name, "Office of the Governor, Office of Legal Counsel", and then reference the question number before each answer.
- 4) The Questionnaire is in Word Format. Please complete all responses clearly in black font color. Responses are NOT to be hand written.
- Please do not hesitate to call the Office of Legal Counsel at Government House at (340) 774-0001 if you have any questions concerning this Questionnaire.

NOMINEE'S NAME:

SECTION I: BIOGRAPHICAL DATA

1. NAME:	(Last)	(First)		(Middle)			(Other)
2 506141 5	FOLIDITY						
2. SOCIAL S							
3. ADDRESS Mailing:	:						
Resident	ial·						
Business							
E-Mail:	·						
	umber(s) –		(Cel	1)			(Home)
		in the Virgin Island		, <u></u>			
5. Date of I							
6. Place of	Birth:						
7. Marital S	tatus:	Married	Single		Widowed		Divorced
8. Full Nam	e of Spouse	: :					
Mailing & R	Residential A	Address:					
Business, N	ame & Add	ress:					
			9. EDUCATIO	N			
Institution		Dates Attended	Degree Rece	ived	Date Receiv	ed	Certifications

NOMINEE'S NAME:

10. EMPLOYMENT RECORD: Please list, in chronological order, your complete employment record for the past ten (10) years, beginning with the present or most recent position. [Attach additional sheet(s), if necessary, and reference this question number]

Employer	Dates of Employment	Position	Address/Phone #	Supervisor

11. GOVERNMENT EXPERIENCE:

A. List all federal, state, territorial or local government service, giving dates and type of service such as employee, boards, commissions, executive, legislative or judicial branches, consultant, voluntary service, part-time or honorary. [Attach additional sheet(s), if necessary, and reference this question number]

B. List and attach a copy of all service contracts you have held independently or been a party to with the Government of the Virgin Islands.

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12. BUSINESSES AND FINANCIAL INTEREST: List all businesses (for profit or not for profit), real estate and trusts in which you have at least a 10% interest or control of assets or serve as an officer or member of a board with voting rights. [Attach additional sheet(s), if necessary, and reference this question number]
13. QUALIFICATIONS: What in your opinion qualifies you to serve the People of the Virgin Islands in the position, which the Governor has nominated you?
SECTION II: HONORS AND ACCOMPLISHMENTS
14. MEMBERSHIPS: List all memberships and offices held in professional, fraternal, scholarly, civic, charitable, and other organizations.
15. BOARDS, COMMISSIONS, TRUSTS, ETC.: List all government or private sector boards, trusts or fiduciary responsible positions on which you have served or are now serving.

16. HONORS AND AWARDS: List all scholarships, fellowships, honorary degrees, honor society memberships, and any other special recognition for outstanding service or achievement.

20. Have you ever been convicted of a felony or a misdemeanor? ____YES ____NO

NOM	INEE'S NAME:
	If yes, please explain with details including offense, date, location and current status. [Attach additional sheet(s), if necessary, and reference this question number]
21.	Is there now or has there ever been a judgment entered against you?YESNO If the answer is yes, please explain with details on date, location and disposition or current status. [Attach additional sheet(s), if necessary, and reference this question number]
22.	Have you ever been a respondent in any labor dispute or discrimination proceeding?YESNO
	If the answer is yes, please explain with details on date, location and disposition or current status. [Attach additional sheet(s), if necessary, and reference this question number]
23.	Have you now or have you ever been a member of an organization or an associate of an

individual advocating terrorism, overthrow of a government by force or the advocacy or

If the answer is yes, please give details of dates, names of organizations, names of individuals and all pertinent circumstances. [Attach additional sheet(s), if necessary, and reference this

subordination of any ethnic group or individuals? ____YES ____NO

question number]

20.	ricase explain	your understain	airig Oi	Comme	or interest	as it applie	3 10 1116	position	ιυ
which	you have been r	nominated to ser	ve the F	People of t	he Wirgin Isl	ands			
WITTELL	you have been i	ionimated to ser	ve the i	copic or t	ile viigili isi	unus.			
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If the answer is yes, please explain and give the name and location of these interest(s) and how you propose to remove yourself from any possible conflict. (Attach additional sheet(s), if necessary.)

SECTION V: JOB PERFORMANCE

29. In no more than 150 words, please outline in priority order your four (4) specific short-term and four (4) specific long-term goals and objectives you would employ to achieve the entity's purpose and improve its service delivery system if your nomination is confirmed for this position.

Office of the Governor Questionnaire for Nominees to Departments, Agencies, Boards & Commissions 9 Page
NOMINEE'S NAME:
30. As you must know, the Virgin Islands Government does not have the monetary resources to continue business as usual. Do you have a fiscal plan in place to deal with less spending and a streamlined system to deliver services to the residents of this Territory?YESNO If your answer is yes, please give a brief summary of your plan. If your answer is no, please explain how you intend to operate your department with less money and deliver the services to the residents as required. [Attach additional sheet(s), if necessary, and reference this question number]
31. What is your view and understanding of Equal Employment Opportunity and Sexual Harassment? [Attach additional sheet(s), if necessary, and reference this question number]

32. Have you ever been named as a party in any hearing, administrative, civil, and criminal, including EEOC, civil rights or sexual harassment? ___YES ___NO

If yes, please explain in detail, giving date, venue, agency, and the names of the other parties and the disposition. [Attach additional sheet(s), if necessary, and reference this question number]

Office of the Governor
Questionnaire for Nominees to Departments, Agencies, Boards & Commissions
10 Page
NOMINEE'S NAME:
33. Is there any additional information that you believe would assist the Committee on Rules and the Judiciary in processing your nomination expeditiously?
CERTIFICATION:
This is to certify and affirm that all the statements contained herein and in any supporting documents or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.
Signed this 15th day of September 20
Lionel E. Selwood, Jr.
Nominee's Name [Print Clearly] Signature of Nominee
Sworn and subscribed before me this
Sworn and subscribed before me this day of, 20 <u>2</u> .3

Notary Public of the U.S. Virgin Islands

My commission expires: 10 | 19 | 2020

[seal]
SAMANTHA ODLUM
Notary Public
St. Thomas USVI, U.S. Virgin Islands
NP-557-22
My Commission Expires 10/19/2026

NOMINEE'S NAME:

SIGNATURE, CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

Please read the following very carefully before you sign this document.

- 1. I understand that the information given in this Questionnaire will be investigated under all applicable laws.
- 2. I understand that any false statement on any part of this Questionnaire can be grounds for rejecting the confirmation of my nomination.
- I hereby consent and authorize the release of information on my character, background, ability, financial indebtedness and fitness to serve the residents of the United States Virgin Islands by all government departments and agencies, especially the Bureau of Internal Revenue, Tax Assessor, Department of Justice Division of Paternity and Child Support, Board of Education, Economic Development Authority, U. S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, if applicable, employers, schools, all law enforcement agencies, and all other individuals and organizations, which may be deemed necessary, to authorized Committee on Rules and the Judiciary investigators, its staff and any other authorized employees of the Virgin Islands Government as may be required.

4. **CERTIFICATION:**

This is to certify and affirm that all the statements contained herein and in any supporting document or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed thisday of20	and the same of th
Lionel E. Selwood Jr.	
Nominee's Name [Print Clearly]	Signature of Nominee
Sworn and subscribed before me this	day of <u>May</u> , 20 <u>2</u> .3
Notary Public of the U.S. Virgin Islands	[seaf]MANTHA ODLUM Notary Public
My commission expires: 10/19/2033	St. Thomas USVI, U.S. Virgin Islands NP-557-22 My Commission Expires 10/19/2026