# ITEA Board of Examiners Nomination Form

**Candidate Information** *(Must be a current member of ITEA in good standing)*

Name:

Date Joined ITEA: E-Mail:

Title:

Organization:

Address:

City: State: Zip Code:

Telephone: Fax:

**Candidate’s Biography** (Not to exceed 300 words)

*Attach a current resume or detail below the candidate’s experience, education, employment history, and other relevant background information.*

**Candidate’s Demographic Information**

ITEA Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Type (Select only one):

\_\_\_\_ Academic (Full Time Student) \_\_\_\_ Government Employee

\_\_\_\_ Academic (Teacher/Professor/Administrator) \_\_\_\_ Military (Active Duty)

\_\_\_\_ Consultant \_\_\_\_ Not-For-Profit Organization Staff

\_\_\_\_ Contractor (Primarily Commercial) \_\_\_\_ Retired (Private Sector)

\_\_\_\_ Contractor (Primarily DoD) \_\_\_\_ Retired Government (Non-Military)

\_\_\_\_ Contractor (Primarily Non-Dod Gov’t) \_\_\_\_ Retired Military

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Level (Select only one):

\_\_\_\_ Individual Contributor \_\_\_\_ First Level Supervisor \_\_\_\_ Middle Management

\_\_\_\_ Director/Vice President \_\_\_\_ President/CEO \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area(s) of Responsibility (Select all that apply):

\_\_\_\_ Acquisition/Purchasing \_\_\_\_ Engineering \_\_\_\_ Project/Program Management

\_\_\_\_ Administration \_\_\_\_ HR/Personnel \_\_\_\_ Sales and Marketing

\_\_\_\_ Finance/Accounting \_\_\_\_ Production/Man’f \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Industry Segment (Select only one):

\_\_\_\_ Consumer Products \_\_\_\_ Military Weapon Systems

\_\_\_\_ Commercial (Non-Military) Products \_\_\_\_ Professional Services/Consulting

\_\_\_\_ Military IT Systems \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Military Service: \_\_\_\_ Yes \_\_\_\_ No

**Candidate’s Expertise** (Not to exceed 300 words)

*Please describe candidate’s expertise in any specific area(s).*

Please send completed nomination forms to James Gaidry, ITEA Executive Director,

via e-mail at [jgaidry@itea.org](mailto:jgaidry@itea.org), or by fax to 703-631-6221.