LAPELS BOARD EVALUATION QUESTIONNAIRE

For ___________________________ Position ___________________________
(Private Practice, Government, Education, Construction, Industry)

Circle answers and include actual years for each answer

1. Responsibilities and background as an Engineer.

A. Are you currently a resident of Louisiana? Yes No

B. Are you a Louisiana licensed Professional Engineer? Yes No
   If yes, month/year first licensed: _________ / _________

C. Are you currently employed as a Professional Engineer in your practice division? Yes No
   If yes, give the name of your employer: ___________________________

D. Years of experience in your practice division as a Professional Engineer? ____________

E. Were your first years of experience in your current practice division? Yes No

F. Do you have, or have you had direct supervision of engineers-in-training? Yes No

G. Years in Management of Professional Engineers. ___________________________

H. Years in management of Non-Professional Engineers. ___________________________

I. Are you currently in responsible charge of important engineering work? Yes No

J. Are you licensed in which area of practice (civil, electrical, etc.)? Yes No

K. Highest level of education achieved: B.S. M.S. Ph.D.

L. Years involved in technical design. ___________________________

M. Technological (research) recognition? Yes No

N. Technical recognition? Yes No

2. Support of the Profession

A. Years as a member of Louisiana Engineering Society and National Society of Professional Engineers?

B. Member of what Louisiana Engineering Society and National Society of Professional Engineers?

A. Technical membership and years as a member.

B. Member of technical organization committees.

C. Chair of technical organizational committees.

D. Chapter offices of technical organization.

E. State offices of technical organization.

F. National offices of technical organization.

G. Technical activity recognition.

4. Support of Community

A. Local/State/National political subdivision elected official? Yes No
   Title: ________________________________

B. Community service/Religious organizations? Years as a member. Yes No
   If yes, years as member and organization: ________________________________

C. Community service/Religious organizations member of committee (activity)? Yes No
D. Community service/Religious organizations chairman of committee? Yes No

E. Community service/Religious organization offices held? Yes No

F. Community service recognition received? Yes No

5. **General Information**

A. Employment history, position.

B. Why do you want to serve on the LAPELS Board?

C. What do you consider the most important function of the LAPELS Board?

D. Is there anything that you would like to accomplish while serving on the LAPELS Board?

E. Are there any issues affecting engineering and/or surveying that you feel need to be addressed by the Board?

6. **List the names, complete addresses and telephone numbers of three people who will serve as professional or character references. Two references must be licensed Professional Engineers.**
1. Name: ____________________________
   Address: ____________________________
   City, State, Zip: ____________________________
   Email: ____________________________
   Cell/Home Phone: ____________________________
   Business Phone: ____________________________

2. Name: ____________________________
   Address: ____________________________
   City, State, Zip: ____________________________
   Email: ____________________________
   Cell/Home Phone: ____________________________
   Business Phone: ____________________________

3. Name: ____________________________
   Address: ____________________________
   City, State, Zip: ____________________________
   Email: ____________________________
   Cell/Home Phone: ____________________________
   Business Phone: ____________________________

7. CERTIFICATION BY NOMINEE

Persons seeking nomination as a Louisiana Professional Engineers Land Surveyors (LAPELS) Board representative are expected to practice professionally in their area of practice and in their personal, political, and community life. This specifically includes not using any elected officials or friends of elected officials or friends that are part of the nomination committee to influence selection by the nominating committee or by the Governor of Louisiana.

By my signature below, I agree to abide by the language above.

__________________________    ____________________________
Signature                        Date
ADDITIONAL CERTIFICATION FOR RETIRED NOMINEES

Even though I am retired from a former ______________________ Practice position, I certify that I am engaged in the practice of engineering in one of the five functional areas of practice listed in LA R.S. 37:683(a) (education, government, industry, private practice, or construction). I further certify that I continue to be active in the __________________________ practice division of LES and I currently have and will maintain an active PE license for the duration of my LAPELS service.

__________________________________________  ___________________________
Signature                                         Date