

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. In which area(s) of practice (civil, mechanical, electrical, etc.) are you licensed? _____

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?

C. Chairperson of what Louisiana Engineering Society, National Society of Professional Engineers, Consulting Engineers Council of Louisiana Committees? _____

D. Chapter offices held and Organization Name.

E. State offices held and Organization Name.

F. National offices held and Organization Name.

G. Other Professional recognition received.

3. Support of Practice in Technical Organizations (Ex: ASCE, IEEE, AIChE, etc.)

A. Technical membership and years as a member. _____

B. Member of technical organization committees. _____

C. Chair of technical organization 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? Yes No
If yes, years as a member and organization. _____

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

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|---|-----|----|
| D. Community service/Religious organizations chairman of committee? | Yes | No |
| <hr/> | | |
| E. Community service/Religious organization offices held? | Yes | No |
| <hr/> | | |
| F. Community service recognition received? | Yes | No |
| <hr/> | | |

5. General Information

- A. Employment history, positions.
- 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 registered 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 Engineering and Land Surveying Board (LAPELS) 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

Print Name

Address

City, State, & Zip Code

Phone Number Cell Number

E-mail

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