Apply for a Position on the National Pork Board		
First and Last Name:		
Address:		
Email Address:		
Are you currently PQA certified:		
Are your facilities currently PQA Plus Site Assessed?		
Industry Outlook/Leadership Qualities What do you consider the major issue facing the pork industry today?		
What steps should the local, state or national pork associations complete to build trust, add value and promote freedom to operate in the industry's foreseeable future?		

What do you think should be the main goal of the Checkoff and National Pork Board?

Nominating Committee

Please select the area you are applying for.

Board of Director

<u>Leadership Skills – Active Involvement</u>
What are your strengths and weaknesses as a leader?
Strengths? Please give specific examples.
Weaknesses? Please give examples.
Given the changes taking place in the pork industry, (larger operations, fewer producers, gestation stalls versus pens, use of antibiotics, etc) what role do you believe the Pork Checkoff should play in assisting producer to adapt to these changes?
Communications Are you an effective communicator? Please give examples.
Are you a good listener? Please give examples.

Attitude: Passion and commitment to the pork industry Describe an experience that demonstrates your willingness to sacrifice time, money and other goals to serve the pork industry.
Provide an example of where you had to stand up and defend pork production and/or the U.S. pork industry.
Why are you seeking this position?
Industry Involvement and year(s) of involvement List any local pork association service and your dates served.
List any state pork association service and your dates served.
List any national pork association service and your dates served.

List any other farm organizations or commodity groups you are affiliated with and any leadership position you have held.
List other activities and organizations you are affiliated with.
Which of these checkoff programs have you participated in?

Operation Main Street (OMS)
Transport Quality Assurance (TQA)
OMS Neighbor to Neighbor
OMS 2.0 Environmental Stewards
Pork Promotion Activities
Pork Leadership Academy/Institute
NPB Task Forces

NOMINEE'S AGREEMENT TO SERVE

If appointed, I agree to serve on the Na	ational Pork Board (Board), and to disclose
to the Secretary of Agriculture any rela	ationship with any pork promotion entity or
any organization that has a contractual	relationship with the Board.
Signature	Date

Note: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0093. There is no time estimated to complete this information collection because it requires only a signature.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW.; Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Form – AD-755 Approved OMB No. 0505-0001 Expiration Date: 03/31/2022

United States Department of Agriculture

ADVISORY COMMITTEE OR RESEARCH AND PROMOTION BACKGROUND INFORMATION

Board/Council Name:

Privacy Act Notice

Public Laws 95-113 and 93-579 permit collection of the data requested on this form. The information is used to determine qualifications, suitability and availability for service on advisory committees or research and promotion boards/councils. The information will be used to conduct background clearances and/or for annual reports on advisory committees or research and promotion boards/councils. Failure to submit this information may result in non-selection of a prospective advisory committee member, board/council member or termination of the committee or board/council.

PLEASE PRINT CLEARLY OR TYPE				
1. Name (Last, First, Middle	e) – Mr., Mrs., Miss., Ms., Dr.	Social Security Number: Are you a U.S. Citizen? (Mark yes or no)(yes)(no) If no, please provide passport number and issuing country: (foreign citizens only)		
3. Residential Address (include ZIP code):		4. Business No. Home No: Cell or Mobile: Fax: E-mail Address:		
5. Place of Birth (City and State, Country): 6. Date of Birth:				
7. This information is voluntary, and data will not be used to grant preferential treatment: (See last page for definition of categories		rant preferential treatment: (See last page for definition of categories.)		
What is your Gender?	Ethnicity:	What is your Race? (Mark one or more)		
Male	Hispanic or Latino	Hispanic or Latino American Indian or Alaska Native		
Female	Female Not Hispanic or Latino Asian			
		Black or African American		
Native Ha		Native Hawaiian or Other Pacific Islander		
		White		
8. Company/Business Name:		8a. Are you a federally registered lobbyist?		
		Yes No		
9. Company/Business Address	ess (include Zip Code):	9a. Occupation/Title:		

10. [Insert appropriate commodity question(s) from supplemental list.] (To be completed by R&P Board Members Only)

10a. If applicable, how long have you been engaged in farming or production, and what is List acreage and pounds produced by kind of crop, as well as, kinds and numbers of l	
11. List your business experience. (Use the Continuation Sheet for additional space to an	swer.)
12. List education and any specialized experience. (Use the Continuation Sheet for additional and any specialized experience) (Use the Continuation Sheet for additional and any specialized experience).	onal space to answer.)
13. List applicable farm/handler/producer/importer or co-op member industry organizatio and how long affiliated).	ns (indicate whether a member or officer
14. List other affiliations and/or service as a community leader that would benefit you in committee or research and promotion board/council.	your role as a member of the advisory
15. List any Federal advisory committee or board on which you are currently a member at on that committee or board. (<i>To be completed by current Advisory Committee Members Only</i>)	
16. List sources of income in excess of \$10,000 for the past calendar year from other than sources; do not show amounts of income from each source. (<i>To be completed by Adviso</i>	· · · · · —
17. Have you ever been convicted of a felony? (A felony is defined as any violation of la longer than one year). Yes No. If yes, please explain on the attached of	
18. As a result of your participation in Federal programs, have any judgments been render participation in any governmental programs relative to the purposes of the advisory comboard/council for which you are a nominee, have any civil or criminal actions been initived. No. If yes, please explain on the attached continuation sheet.	ommittee or research and promotion
19. Name as you would prefer it to appear on official correspondence.	
Signature	Date

Approved OMB No. 0505-0001 Expiration Date: 03/31/2022

Continuation Sheet for Form AD-755

If you need more space for an answer, use this sheet. Please number each answer to correspond to the number on Form AD-755. When you have completed your answer(s), attach to Form AD-755.

[INSERT COMMODITY BOARD, COUNCIL, OR DELEGATE NAME]

Name (Last, First, Middle):	
Last 4 digits of Social Security or Passport Number: _	
Additional space for answers (if needed):	

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Definition of Ethnicity and Race Categories

Ethnicity:

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race:

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Two or more – A person having two or more origins in any race.