

American Legion Auxiliary

Unit \_\_\_\_\_

Department of Texas

Employees Potential Conflict of Interest Questionnaire

1. Are you presently employed or are you accepting payment for contracted, salaried or commissioned services outside the Unit? \_\_\_\_Yes \_\_\_\_No
2. Do you have an indirect business relationship through ownership of more than 35% in another entity (individually or collectively) with other person (s) doing business with the Unit? \_\_\_\_Yes \_\_\_\_No
3. If you answered "NO" to either of the above, sign your name where indicated, state your job title and date.

If you answered "YES" to either of the above questions, please complete questions 4 through 10 below.

4. Name of company/organization with which you are involved:

\_\_\_\_\_

5. Company Address: \_\_\_\_\_

6. Nature of Business: \_\_\_\_\_

7. Type(s) or product(s) or service(s): \_\_\_\_\_

8. Your job title or affiliation with this company? \_\_\_\_\_

9. If this company/organization conducts business with the American Legion Auxiliary Unit \_\_\_\_\_, what is the volume?

\_\_\_\_\_

10. Approximate number of hours per week that you work for this other company?

\_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_