APPLICATION FOR APPOINTMENT
DICKINSON COUNTY BOARD, COMMITTEE OR COMMISSION

(Please note only legible applications can be considered)

I, _____, hereby submit an application for appointment to
NAME

_____ for _____ from _____
NAME OF BOARD OR COMMISSION — Number of years — Exact dates of Appointment

to _____.

TO THE DICKINSON COUNTY BOARD OF COMMISSIONERS:

1. I reside at _____
Street — City — Zip

_____ and have since _____.
County

Mailing address if different than above: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

2. I am at least 18 years of age: YES _____ NO _____

3. I am currently registered to vote: YES _____ NO _____

4. Employer: _____ Telephone: _____

   a. Indicate nature of your work: _____

   b. Title: _____

5. Educational Level and degrees received:

_____

_____

6. I presently hold the following appointments and elected positions:

_____

_____

7. Previously held appointments and/or elected positions:

_____

_____

8. Have you ever been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

_____

_____

_____

9. Do you have a conflict of interest or potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Dickinson County? If so, list the interest (except where required for the appointment).

_____

_____

_____

10. List any family members who are or have been employed by Dickinson County or are or have been elected to County offices.

_____

_____

_____

11. Is this an application for reappointment? Yes_____ No _____

If yes, how many years have you served on this board? _____

Please indicate your attendance record for the term(s) served _____ / _____
No. of meetings attended No. of meetings held

Comments/clarification (only if necessary)

_____

_____

_____

12. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Dickinson County.

_____

_____

_____

13. I hereby apply for appointment to _____ and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

_____
Signature

_____
Name (Print or Type)

Note: Applicants may attach additional information pertaining to this application for appointment.

- Resume
- Letter of Reference
- Letter of Intent