

**APPLICATION FOR APPOINTMENT
DICKINSON COUNTY BOARD, COMMITTEE OR COMMISSION**

I, _____, hereby apply for appointment to the
Name
_____ for a _____ Full _____ Partial term of _____ years,
Board, Commission or Committee
from _____, 20____, to _____, 20_____.

Is this an application for reappointment? _____ YES _____ NO If yes, how many years have you served on
this Board? _____ years. Rate your attendance and participation: _____ Good _____ Fair _____ Poor
(Commissioners may verify your attendance record by reviewing board, commission or committee minutes)

TO THE DICKINSON COUNTY MI BOARD OF COMMISSIONERS:

1. I certify that I have been a Dickinson County resident for _____ years. My current address is:
(street address, city/township, zip) _____

Mailing address if different from above: _____

Preferred Phone #: _____ Other Phone #: _____

2. I am at least 18 years of age: _____ YES _____ NO 3. I am registered to vote: _____ YES _____ NO

4. I am employed: _____ Full time _____ Part time _____ Retired

Employer: _____ Phone: _____

Occupation: _____ Job Title: _____

5. My educational level and degrees achieved are: _____

6. I currently hold the following governmental appointments and elected positions: _____

7. I previously held these governmental appointments and elected positions: _____

8. Have you ever been convicted of a felony? ____ YES ____ NO If yes, list and provide the following information for each offense: date, nature of offense or violation, name and location of court, penalty imposed, and the final disposition of the case. A conviction will not automatically bar you from an appointment. Attach additional sheets if necessary. _____

9. Do you have any conflict of interest or potential conflict of interest such as a financial or business Interest in any contracts, permits, grants, etc. with Dickinson County? ____ YES ____ NO

If yes, list all conflicts of interest: _____

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

11. Describe your qualifications for appointment and why you believe your appointment will benefit Dickinson County. You are also invited to attach additional information such as your resume, letters of reference and letter of intent. _____

County Commissioners, as individuals, reserve the right to further investigate your background and to vet you as a suitable candidate for the position for which you are applying.

12. I hereby apply for appointment to the _____ and do swear or affirm that: 1) I will serve my term as a volunteer and without expectation of remuneration by Dickinson County; 2) I will swear an oath to comply with all statutory and other requirements and obligations of my appointment; 3) if I cease to comply with such requirements, I automatically forfeit said appointment; 4) I hold no position or appointment which is a conflict of interest with this appointment; and 5) to the best of my knowledge and belief, I possess the requisite qualifications for this appointment.

Signature _____

Printed Name _____ Date _____