



COUNTY OF ST. CLAIR



Boards and Commissions Application

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Bus Phone: _____

E-mail Address: _____ Cell Phone: _____

I am at least 18 years of age: Yes No

Employer: _____ Title: _____

Nature of Employment: _____

Educational Level: _____ Degree Received: _____

Board and/or Commission interested in serving on: _____

Community activities and/or experience: _____

Previous Held Appointments: _____ Length of Appointment: _____

Other information you wish to provide to qualify you to serve on the Board and/or Commission: _____

Available for day time meetings? Yes No

Available for evening meetings? Yes No

Upon appointment, the applicant must complete a standard background check including, but not limited to drug screening, driving record check, criminal background, and sex offender registry.

Signature

Date