

**APPLICATION FOR APPOINTMENT  
MACOMB COUNTY BOARD OR COMMISSION**

I, \_\_\_\_\_, hereby make application for appointment to \_\_\_\_\_  
Name  
\_\_\_\_\_ for \_\_\_\_\_ from \_\_\_\_\_  
Name of Board or Commission Number of years Exact Dates of Appointment  
to \_\_\_\_\_.

**TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:**

STATE OF MICHIGAN )  
                                  )ss  
COUNTY OF MACOMB)

1. I reside at \_\_\_\_\_  
Street City Zip  
\_\_\_\_\_ and have since \_\_\_\_\_  
County

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. I am at least 18 years of age: Yes  No

3. Citizen of \_\_\_\_\_  
Country

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:**

Title	Appointment or Election Date

**7. Previously held appointments and/or elected positions:**

Title	Dates Served

**8. 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.**

I hereby apply for appointment to \_\_\_\_\_ and do swear or affirm  
Board or Commission  
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)

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
Notary Public  
Macomb County, Michigan

My commission expires: \_\_\_\_\_

Nominated By: \_\_\_\_\_  
Name(s) of Commissioner

(Rev. 09/08 pd)