

**APPLICATION FOR APPOINTMENT  
MACOMB COUNTY BOARD OR COMMISSION**  
(Please note only legible applications can be considered)

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

Mailing address if different than above: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

3. I am currently registered to vote: Yes  No

4. Citizen of \_\_\_\_\_  
Country

5. Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

a. Indicate nature of your work: \_\_\_\_\_

b. Title: \_\_\_\_\_

6. Educational level and degrees received: \_\_\_\_\_

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

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Title	Appointment or Election Date
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Title	Appointment or Election Date
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Title	Appointment or Election Date
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8. Previously held appointments and/or elected positions:

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Title	Dates Served
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Title	Dates Served
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Title	Dates Served
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9. Have you even 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.

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

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**11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.**

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**12. 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)** \_\_\_\_\_

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

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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: \_\_\_\_\_

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

*The following is for Board Office use only:*

Overseeing Committee: \_\_\_\_\_

Chair Review for Compliance: \_\_\_\_\_  
(Commissioner Sign-off)

(revised 02/09 pd)