



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

I, _____ hereby make application for appointment to the _____
(Name – Please print legibly)

_____ for _____ from _____
(Name of Board or commission – Please print legibly) (Number of Years) (Exact Dates of Appointment)

to _____:

I reside at (Present Address):	Since:	Citizen of:
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City:	State:	Zip Code:
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Home Telephone Number: ()	Work Telephone Number: ()	Cell Phone Number: ()
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E-mail Address:	I am at least 18 Years of Age: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Mailing Address (if different than above):	I am currently registered to vote: <input type="checkbox"/> Yes <input type="checkbox"/> No
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City:	State:	Zip Code:
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Employer:	Telephone: ()	Title:
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City:	State:	Zip Code:	Nature of Work:
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Education – Graduate from High School?: Yes No

Degree Received:	Degree Received:	Degree Received:
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I presently hold the following appointments and elected positions:

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

Title:	Dates Served:
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Title:	Dates Served:
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Have you ever been convicted of a felony? If yes, list below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
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Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
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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):

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
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Comments/Clarification *(only if necessary)*:

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: _____

Board or Commission

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.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Signature

Date

Name (Print or Type)

Subscribed and sworn to before me this ____ day
of _____, 20 ____.

Notary Public, Macomb County, Michigan

My Commission Expires:

PLEASE SIGN AND RETURN YOUR
COMPLETED APPLICATION TO:

PAMELA J. LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may but are not required to attach additional information pertaining to this Application for Appointment. Attachments may include a resume, letter of reference, letter of intent and/or any other supporting documentation to support your interest in this appointment.

<i>For Executive Office use only:</i>		<i>Appointment made by Executive Office:</i>	
_____ Signature of Authorized Personnel	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____ Date
	<input type="checkbox"/> Requires Commission Approval		_____ Date Sent to Commission
<i>For BOC Office use only:</i>		<i>Appointment confirmed by BOC Office:</i>	
_____ Signature of Authorized Personnel	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____ Date