

Lexington
County



Good Friends and
Great Communities

LEXINGTON COUNTY LEGISLATIVE DELEGATION
(Office is located in the Marc Westbrook Judicial Center)
205 East Main Street, Suite 203
Lexington, South Carolina 29072-3456
Phone: 803-785-8184 Fax: 803-785-8441

APPLICATION - BOARDS AND COMMISSIONS*

Complete and return as soon as possible.

Note: All appointments subject to credit/criminal history background checks.

Voter Registration # _____
(Must be active registered voter in Lexington County)

SENATE DISTRICT _____

HOUSE DISTRICT _____

Your nomination process will not be complete until this application is filed in the Legislative Delegation office. Please be advised that a credit and criminal history background is done on all boards and commissions after Delegation recommendation to the Governor. Answer all questions truthfully and provide additional information on an attached sheet(s), if necessary. Thank you.

PLEASE PRINT ALL INFORMATION LEGIBLY

- 1) Your Name _____
Last First Middle
- 2) Name of Board or Commission you desire to be considered for:

- 3) Are you aware of the Board/Commission activities and responsibilities? () Yes () No
If no, please contact them or this office regarding a copy of their guidelines/policies.
- 4) Is this request for? () New Appointment () Reappointment
- 5) Your Current Address: _____
(Street, City, State, Zipcode)
- 6) Your valid mailing address: _____
- 7) Home Telephone # _____ 8) Office Telephone # _____
- 9) Cell Telephone # _____ 10) Fax # _____
- 11) Email Address: _____ **REQUIRED** by Governor's Office.
- 12) Are you a resident of Lexington County? () Yes () No If no, where? _____

*One form per request to appoint. Separate application required for each request and only ONE will be considered at a time. Multiple applications will be held on file; therefore, it is important that you prioritize your request(s).

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13) How long have you lived in South Carolina? _____

14) Level of educational background:

Some High School Yes No Where: _____

OR High School graduate or equivalence (GED) Yes No

Some College Yes No Where: _____

College Graduate Yes No Where: _____

If professional degree (please specify) _____

15) Present Employer _____

Address _____

16) Do you currently serve or have you served/volunteered on any local, state, or community boards appointed or elected? Yes No

Please list below and use extra page, if necessary, and attach to this form.

17) Do you have any interest(s) in any business(es) that has/have (is/ will) do business with the State of South Carolina or the entity for which you are applying?

Yes No *If yes, give details* and use extra page, if necessary:

18) Why would you like to serve on this Board/Commission?

19) Have you ever been convicted of a crime other than a minor traffic violation?

Yes No *If yes, explain* and attached sheet, if necessary.

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Initial _____ I understand this appointment will require substantial effort on my part and I am willing to devote the necessary time to carry out the responsibilities and requirements of the position.

Initial _____ I understand that my appointment to this Board/Commission may/will require some training and/or certification, and if selected to serve, I agree to give the time necessary for such training and/or certification.

Initial _____ I understand that my attendance at all meetings is important. I hereby agree to attend all of the stated and called meetings of this entity to which I am being considered for appointment, and I further agree that I will resign my appointment should I miss three consecutive meetings or half of the meetings within a six-month period UNLESS EXCUSED by the chair prior to the meeting, for reasons beyond control; i.e., illness, death in family.

CERTIFICATION OF APPLICANT

By signing below, applicant certifies that his/her statements are true, accurate, and complete, and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be recommended for appointment by the Lexington County Legislative Delegation to the Governor of South Carolina. I understand that my application will be considered by the Lexington County Legislative Delegation and may or may not be voted upon for recommendation to the Governor of South Carolina for appointment. I further understand that if I am selected for service, I will receive written confirmation from the appropriate appointing authority.

Initial _____ I understand that the Governor’s Office and/or its agents may/will conduct credit and/or criminal background checks and that information can be used for or against an appointment on a board/commission for Lexington County.

Social Security # _____ Drivers License State and # _____

Sex: __ Male __ Female Race _____ Date of Birth _____

Witness Signature

Applicant’s Signature

Please print witness name

Please print applicant name

Date in presence of applicant

Date in presence of witness

RVSD 12/19/2016

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