



LEXINGTON COUNTY COUNCIL

BOARD/COMMISSION APPLICATION FORM

APPLICANT MUST RESIDE IN LEXINGTON COUNTY

NAME OF BOARD/COMMISSION YOU ARE APPLYING FOR: _____

FULL NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

FORMER ADDRESS (If less than five (5) years at current address): _____

TELEPHONE: Home - _____ Office - _____ Mobile - _____

EMAIL ADDRESS: _____

ARE YOU A PERMANENT RESIDENT OF LEXINGTON COUNTY? Yes _____ No _____

ARE YOU RELATED TO ANYONE THAT IS EMPLOYED BY THE COUNTY OR AFFILIATED WITH THE BOARD/COMMISSION TO WHICH YOU ARE APPLYING? Yes _____ No _____

IF YES, PLEASE LIST THE RELATIVE'S NAME: _____

VOTER REGISTRATION NUMBER: _____ DRIVER'S LICENSE STATE/NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHY WOULD YOU LIKE TO SERVE ON THIS BOARD/COMMISSION? _____

DO YOU SERVE ON ANY STATE BOARD/COMMISSION/COMMITTEE AND/OR AN ELECTED POSITION?

Yes _____ No _____

IF YES, PLEASE PROVIDE DETAILS: _____

LIST OTHER BOARDS/COMMISSIONS ON WHICH YOU CURRENTLY SERVE AND HAVE SERVED WITH DATES:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? Yes _____ No _____

IF YES, PLEASE EXPLAIN: _____

HIGHEST LEVEL OF EDUCATION: _____

HIGH SCHOOL GRADUATE: _____ GED EQUIVALENT: _____

COLLEGE/UNIVERSITY ATTENDED: _____

DEGREE: _____

DO YOU HAVE ANY INTEREST IN ANY BUSINESS THAT HAS, IS, OR WILL DO BUSINESS WITH THE COUNTY OF LEXINGTON OR WITH THE BOARD OR COMMISSION ENTITY FOR WHICH YOU ARE APPLYING? Yes _____ No _____

IF YES, PLEASE PROVIDE DETAILS: _____

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:

AS PER SECTION 2-133. ABSENCES - 25 PERCENT OF THE MEETINGS WITHIN A ONE-YEAR PERIOD. THE COUNCIL MAY, IN ITS DISCRETION WAIVE ENFORCEMENT OF THIS SECTION IN THE CASE OR ILLNESS, DEATH OF A FAMILY MEMBER, COURT APPEARANCE OR OTHER SIMILAR CIRCUMSTANCE BEYOND THE CONTROL OF THE APPOINTEE.

CERTIFICATION OF APPLICANT

BY SIGNING BELOW, I CERTIFY THAT MY STATEMENTS ARE TRUE, ACCURATE, AND COMPLETE, AND THAT I KNOW AND AGREE THAT ANY MISREPRESENTATION OR OMISSION OF THE FACTS MAY RESULT IN MY BEING DISQUALIFIED OR BEING DISCHARGED SHOULD I ALREADY BE APPOINTED BY THE COUNTY COUNCIL AS THEIR ASSIGNEE. I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED BY COUNTY COUNCIL AND VOTED UPON BY COUNTY COUNCIL. I FURTHER UNDERSTAND THAT IF I AM SELECTED FOR SERVICE, I WILL RECEIVE WRITTEN CONFIRMATION BY COUNTY COUNCIL.

AT THE COUNTY'S DISCRETION, THE COUNTY AND/OR ITS AGENTS MAY CONDUCT A CRIMINAL BACKGROUND CHECK AND THAT INFORMATION CAN BE USED FOR OR AGAINST AN APPOINTMENT ON A BOARD/COMMISSION FOR LEXINGTON COUNTY.

WITNESS

APPLICANT'S SIGNATURE

DATE

PLEASE RETURN COMPLETED APPLICATION TO:

LEXINGTON COUNTY COUNCIL
212 SOUTH LAKE DRIVE, SUITE 601
LEXINGTON, SC 29072

OR countycouncil@lexingtoncounty.sc.gov

FOR QUESTIONS, CALL 803-785-8103

FOR LEXINGTON COUNTY COUNCIL OFFICE ONLY

Date Received: _____

Council District: _____

New Appointee or Re-Appointee

Staff Verification: _____