

Lexington  
County



Good Friends and  
Great Communities

**LEXINGTON COUNTY LEGISLATIVE DELEGATION  
(WE MOVED TO OLD KROGER GROCERY STORE)**

**605 West Main Street, Suite I  
Lexington, South Carolina 29072-3456  
Phone: 803-785-8184**

**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 attached sheet(s), if necessary. Thank you.*

**PLEASE PRINT ALL INFORMATION LEGIBLY**

- 1) Your Name \_\_\_\_\_  
Last First Middle
- 2) Name of Board/Commission/Position you desire to be considered for:  
\_\_\_\_\_
- 3) Are you aware of the Board/Commission/Position 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/Position?  
\_\_\_\_\_  
\_\_\_\_\_
- 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/Position 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.

Initial \_\_\_\_\_ I understand that some Boards and Commissions may require that I not be politically involved with any particular party/candidate and that I will abide by their guidelines, policies and procedures.

**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/position for Lexington County. PLEASE SIGN BELOW IN FRONT OF NOTARY.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Please print applicant name

\_\_\_\_\_  
Please print notary name

\_\_\_\_\_  
Date in presence of notary must be same

\_\_\_\_\_  
Date in presence of applicant must be same

RVSD 7/12/2018

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