

# APPLICATION FOR APPOINTMENT TO ELECTED OFFICE

Office / Position being sought:

Date of Application

Term / Vacancy Being Filled

## APPLICANT INFORMATION

First Name

Middle Name

Last Name

Email Address

Primary Phone

Alternate Phone

Date of Birth

Street Address

City

State

ZIP Code

County of Residence

Years as Resident

Supervisor District / Precinct

Registered Voter? (Yes/No)

## PERSONAL INFORMATION

U.S. Citizen? (Yes/No)

Prior Felony Conviction? (Yes/No)

Emergency Contact Name

Emergency Contact Phone

Statement of Interest (Why are you seeking this appointment?)

## PROFESSIONAL BACKGROUND & EXPERIENCE

Current Employer

Job Title / Position

Years in Field

Occupation / Profession

Employment History (employer, title, dates, responsibilities)

Relevant Experience for this Office

## EDUCATION

### Highest Level Completed

High School / GED

Year

Colleges / Universities / Trade Schools (institution, degree, year)

Professional Licenses / Certifications

## ACHIEVEMENTS (IF ANY)

Awards, Honors, Civic / Community Involvement, Boards Served

## AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may disqualify me from appointment or result in removal from office. I authorize the Board of Supervisors and its designees to verify all information contained herein, including my background, employment, education, and criminal history, and I authorize any person, agency, or organization to release such information for the purpose of evaluating my qualifications for appointment.

I have read and agree to the certification and authorization above.

Applicant Signature

Date