



**APPLICATION FOR APPOINTMENT BY THE
SUMTER COUNTY BOARD OF COMMISSIONERS**

(A separate application must be completed for each position):

1. Board, authority, or commission on which you would like to serve:

2. Full legal name:

Last

First

Middle

3. Email Address:

4. Telephone:

Mobile

(_____) _____

Home

(_____) _____

Work

(_____) _____

5. Address for primary legal residence:

6. Mailing address if different from primary legal residence:

7. How long have you been a resident of Sumter County? _____ Years & _____ Months

8. Do you own real property in Sumter County? Yes _____ No _____

9. You may be required to attend training courses outside of Sumter County. Reasonable travel expenses would be paid by the County pursuant to its travel policies. Are you willing and able to travel to attend training outside of Sumter County? Yes _____ No _____

10. Do you have an ownership interest in or have a primary shareholder's interest in any business or corporation? Yes _____ No _____

If yes, state the business name(s) and whether they have an office in Sumter County:

11. Are you registered to vote in Sumter County? Yes _____ No _____

If so, how long have you been registered? _____

Which Commission Voting District? _____

12. For purposes of this paragraph, the term "immediate family member" means any spouse, child, sibling, parent, grandparent, grandchild, aunt/uncle, or niece/nephew, whether related to you by blood, marriage, or legal adoption.

(a) Do you have an immediate family member who is an elected or appointed official? Yes _____ No _____

If yes, state the family member's name, address, and position held:

(b) Do you have an immediate family member currently employed by Sumter County? Yes _____ No _____

If yes, identify such family member by name and position:

(c) Do you or any immediate family member conduct any business with Sumter County or any of its boards, authorities, or commissions? Yes _____ No _____

If yes, describe the nature of the business:

13. Do you understand that, if appointed, you will have a continuing duty to disclose any conflicts in writing, such as whether you are related to other members on your board, any employees of the board, and any elected or public officials, and whether you have any financial interests that could create a conflict? Yes _____ No _____

14. Do you plan to run for any public office? Yes _____ No _____

If so, what office and when? _____

15. Do you understand that you may not be permitted to hold elected office while serving this appointment? Yes _____ No _____

16. Employer: _____

Employer's phone number: _____

Employer's address: _____

Position: _____

Does your employer conduct business with Sumter County? Yes _____ No _____

If yes, briefly describe the nature of the business:

17. List all prior employers within the last 10 years:

<u>Employer and Position</u>	<u>From</u>	<u>To</u>
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___

18. What appointed, elected, or paid positions do you currently hold or have you held with the State of Georgia, Sumter County, the City of Americus, and any other governmental entity?

<u>Position and With Whom Held</u>	<u>From</u>	<u>To</u>
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___

19. List any community service or other experience that relates to your qualifications for this appointment:

20. Describe your education, including any diplomas, degrees, or certifications:

21. List three personal references:

<u>Name and Address</u>	<u>Telephone</u>	<u>Relationship</u>
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22. What do you hope to accomplish through your service in this position?

23. Other comments or information:

24. Have you received and carefully reviewed the profile sheet and the by-laws, if any, for the board, authority, or commission for which you applied?

25. If you have a resume or CV, please attach it to your application.

CERTIFICATION

I have been informed and understand the responsibility and commitment required by this position. I will make all efforts to attend all regularly scheduled meetings and any special called meetings for the entity to which this appointment will be made. If I can not attend a meeting due to extenuating circumstances such as a death in the family or emergency medical attention for myself or a family member, I will notify the entity to which I am appointed as soon as reasonably possible. I further recognize the importance of having a quorum in order to conduct business and understand that if I have excessive, unexcused absences, I may be asked to resign from my appointed position or may be removed as provided by law.

I certify that all answers herein are true and complete to the best of my knowledge. I authorize the Board of Commissioners to investigate any statements in this application and to contact any person named herein for verification of any information or for further investigation. I understand that this application is not a contract for employment or services. In the event I am appointed, I understand that false or misleading information given in my application or interview(s) may result in removal of my appointment. I also understand that I am required to abide by all laws, rules, and regulations of Sumter County and the laws of this State and that failure to do so may result in my removal of appointment.

By: _____

Printed Name: _____

Date: _____