



COUNTY OF ST. CLAIR



Boards and Commissions Application

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ E-mail: _____

City: _____ Zip Code: _____ H M B _____

I am at least 18 years of age: Yes No H M B _____

Employer: _____ Title: _____

Nature of Employment: _____

Educational Level: _____ Degree Received: _____

Board and/or Commission interested in serving on:

Community activities and/or experience:

Previous Held Appointments: _____ Length of Appointment: _____

Other information you wish to provide to qualify you to serve on the Board and/or Commission:

Available for day time meetings? Yes No Available for evening meetings: Yes No

Upon appointment, the applicant must complete a standard background check including, but not limited to drug screening, driving record check, criminal background, and sex offender registry.

Signature

Date

Please download and complete this form using Adobe Acrobat (available at no cost). Submit completed application to: citizens@stclaircounty.org.