



APPLICATION FORM

For potential appointment to South Carolina Boards and Commissions

Appointment sought: _____

Name: _____

Mailing Address: _____

Street Address: _____

City: _____ SC Zip: _____

Telephone (Home): _____ (Office): _____

Cell: _____ Fax: _____

E-Mail: _____

Date of Birth: _____ SEX: _____ SCDL: _____

Are your driving privileges suspended now or have they ever been suspended? YES NO

IF YES EXPLAIN: _____

Have you ever been CHARGED WITH or CONVICTED of a crime? YES NO

If YES EXPLAIN: _____

EDUCATION: High School _____ Diploma received? _____

College _____ Years attended _____ Degree _____

Are you a qualified elector residing in the district for which this position is sought? YES NO

If not, are you a resident of the service area of the district for which this position is sought? YES NO

Voter Registration Number: _____ Senate District: _____ House District: _____

Current employment information:

Occupation: _____

Employer: _____

Length of employment _____

Business Address: _____ Zip: _____

Do you currently serve on any local, municipal, county, or state board/commission? YES NO
If Yes, list the boards/commissions. (If serving on any other board/commission, it may be considered dual office holding, and may disqualify you from serving on this board if appointed.)

Personal/Professional interest in this board/commission:

Are you currently serving in any fire department? YES NO If yes, at what capacity? _____

Where? _____

References (or attach letters of reference) _____

CIRCLE ANSWERS:

Is there any way that you or a member of your family would stand to benefit financially by your service on this board or commission? YES NO

IF YES EXPLAIN: _____

Have you ever been employed or had any involvement with this board or commission? YES NO

IF YES EXPLAIN: _____

DO YOU UNDERSTAND AND AGREE THAT AS A BOARD MEMBER NO PERSON WITH WHOM YOU ARE ASSOCIATED OR A BUSINESS IN WHICH YOU OR A MEMBER OF YOUR HOUSEHOLD IS A DIRECTOR, OFFICER, OWNER, EMPLOYEE OR COMPENSATED AGENT, MAY APPEAR, EITHER GRATUITOUSLY OR FOR COMPENSATION, ON BEHALF OF ANOTHER PERSON BEFORE ANY BOARD, AGENCY, UNIT OR SUB-UNIT OF THE COUNTY/STATE? YES NO

DO YOU UNDERSTAND AND AGREE, AS PER SECTION 1-3-245 OF THE CODE OF LAWS OF SOUTH CAROLINA, THAT A STATE BOARD MEMBER WHO HAS THREE CONSECUTIVE UNEXCUSED ABSENCES FROM REGULARLY SCHEDULED MEETINGS HELD BY THE PARTICULAR BOARD IS CONSIDERED REMOVED FROM THE BOARD AND A VACANCY IS CREATED? YES NO

WOULD YOU HAVE A CONFLICT OF INTEREST IF YOU WERE TO SERVE ON THIS BOARD?
YES NO

IF YES EXPLAIN: _____

HAVE YOU, YOUR BUSINESS OR AN IMMEDIATE FAMILY MEMBER (SPOUSE, SON, DAUGHTER, FATHER, MOTHER, FATHER-IN-LAW, MOTHER-IN-LAW) CONTRIBUTED TO THE CAMPAIGN OF ANY MEMBER OF THE CURRENT LEGISLATIVE DELEGATION? (THIS IS NOT A DISQUALIFIER FOR APPOINTMENT)
YES NO

IF YES EXPLAIN WHO, WHEN, AND AMOUNT: _____

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- 1. FAILURE TO ANSWER ANY QUESTION WILL RESULT IN APPLICATION NOT BEING PROCESSED.**
 - 2. FALSIFICATION OF ANY ANSWERS ON THIS APPLICATION WILL RESULT IN THIS APPLICATION NOT BEING PROCESSED AND IF APPOINTED WILL BE CAUSE FOR RECOMMENDATION OF REMOVAL FROM APPOINTMENT.**

MY SIGNATURE CERTIFIES I HAVE REVIEWED THE ENTIRE APPLICATION AND ALL INFORMATION ON IT IS TRUE AND CORRECT. MY SIGNATURE ALSO CERTIFIES THAT I HAVE NOT SOUGHT A COMMITMENT OF SUPPORT NOR BEEN GIVEN A COMMITMENT OF SUPPORT BY ANY MEMBER OF THE LEGISLATIVE DELEGATION AND I MAY NOT SEEK A COMMITMENT OF SUPPORT UNTIL AFTER THE POSTED DEADLINE FOR APPLICATIONS.

Signature: _____

Date: _____

Please return completed application to: Spartanburg County Legislative Delegation Office
366 North Church Street, Room 1210
Spartanburg, South Carolina 29303