

Jefferson County Commission
Application for Boards, Committees or Commissions

Please type or print information

Name: _____

Home Telephone Number: _____

Work Address: _____

Work Phone Number: _____

Mobile Phone Number: _____

E-mail Address: _____

Party Affiliation: (*Building Commission applicants only*) _____

Occupation: _____

Education: High School _____

College _____

Trade/Business School _____

Are you a United States citizen? Yes ___ No ___

Are you a West Virginia resident? Yes ___ No ___

Are you a resident of Jefferson County? Yes ___ No ___

Address:

Magisterial District: _____

Are you a Jefferson County registered voter? Yes ___ No ___

Do you pay personal property tax?

Yes ___

No ___

List Qualifications for this Position and/or include a resume and cover letter that expresses your interest in serving:

Organization Memberships and Positions Held : _____

Please list any felonies, convictions or convictions of moral turpitude or any other offenses to reflect poorly on Jefferson County.

| Date: | Offense: |
|-------|----------|
| | |
| | |
| | |

Statement: _____

I hereby certify that the facts set forth in the above are true and complete to the best of my knowledge and authorize the Jefferson County Commission to verify their accuracy and to obtain reference information. I hereby release Jefferson County Commission from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an appointment decision based on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for removal.

I understand that I will fully adhere to the policies, rules and regulations of this appointment, including reading and adhering to the County's Ethics and Robert's Rules as provided in a packet to me when obtaining my Oath of Office. I understand I may also attend a free annual Board Training and Ethics Training meeting established by the Jefferson County Commission.

Signature: _____ Date: _____

This application is good for and will be retained for two (2) years in accordance with the Administrative Policies and Procedures Policy. In order to be considered for appointment, a new application must be submitted.