

**AIKEN COUNTY LEGISLATIVE DELEGATION
FOR CONSIDERATION TO BOARD/COMMISSION APPOINTMENT**

Name of Board/Commission: _____

Full Legal Name of Applicant: _____

Home Address: _____

Mailing Address: _____
(If different from street address)

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Voter Registration Number: _____

Occupation: _____ Employer: _____

School(s) Attended: _____

Highest Degree Earned: _____ Field of Study: _____

What training, skills, and/or experience could you contribute to this board/commission?

Have you ever attended a meeting of this board/commission? YES NO

Can you meet at the day/time regularly scheduled for board/commission meetings? YES NO

If appointed, will you pledge to faithfully attend the meetings? YES NO

Would you have any potential conflicts of interest by serving on this commission/board? YES NO

(If yes, please explain.) _____

Do you currently hold any other elected or appointed office or commission? YES NO

(If yes, please give name(s) of office(s) or commission(s).) _____

Have you previously held any other elected or appointed office or commission? YES NO

(If yes, please give name(s) of office(s) or commission(s).) _____

Have you ever been disciplined or fined for any ethics violation? YES NO

(If yes, please give details.) _____

Please explain why you would like to serve in this position including your experience and interests – (You may include an attachment):

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Please initial below to signify your understanding of the following:

As an applicant for this position, I understand that the Governor's Office/State Law Enforcement Division will conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. I also understand that this information will be shared with the Aiken County Legislative Delegation before my appointment is confirmed. _____ (Initial)

If appointed, I understand that I will be expected to attend all meetings of this board/commission with only the exception of sudden illnesses or pressing personal obligations. I also understand that if I am absent from three (3) consecutive meetings without a valid reason, the Delegation could consider this as a voluntary resignation. By acceptance of the appointment, I agree to these attendance regulations and pledge my time and abilities to serve on this board/commission. _____ (Initial)

Attestation: By my signature, I state that all information above is complete and accurate to the best of my knowledge.

Date

Signature of Applicant

Please return this completed form by one of the following methods:

U.S. Mail: Aiken County Legislative Delegation, 1930 University Pkwy. Ste. 3600A, Aiken, SC 29801
Email: jwillis@aikencountysc.gov

If you have questions, please contact Jeannie Willis at 803-642-1694 or jwillis@aikencountysc.gov.