



**GEORGETOWN COUNTY, SC
APPLICATION
BOARDS, COMMISSIONS, AND COMMITTEES**

(Your nomination process will not be complete until this application is filed with the County - Applications taken at 716 Prince Street - County Council Offices, or mailed to PO Drawer 421270, Georgetown, SC 29442)

[1] Your Name: _____
Last
First
Middle

[2] Board, Commission, or Committee for which you would like to be considered (you may list more than one):

[3] Are you a permanent resident of Georgetown County? YES _____ NO _____ How Long? _____

Please List Your Current Address (please provide both physical and mailing address if different):

[4] Home Telephone # _____ [5] Office Telephone # _____ [6] Fax Number _____

[7] Are You a Registered Voter in Georgetown County? YES ____ NO ____

[8] Sex: MALE ____ FEMALE ____ [9] Race _____ [10] Email Address: _____
(voluntary*)

[11] Level of Educational Background*:
 Some High School (please note level completed) _____
 High School Graduate or equivalent such as GED (specify which) _____
 Some College (please note level completed) _____
 College graduate (please specify professional degree) _____
 Please list certificates, experience or training you feel may be pertinent or helpful _____

[12] Present Employer* (if retired, please note most recent employer) _____
 Address _____

[13] Have you ever been convicted of a crime other than a minor traffic violation? _____
 If so, give details.*

[14] Have you filed state and federal income tax returns for the past five years? _____
 If not, give details.*

*Please note that information provided in this application may be subject to SC Freedom of Information disclosure. Information provided in response to question numbers 11-26 that the applicant may wish not to be released subject to SC FOIA may be cited in a separate document that will accompany this application. (Revised 0209)

- [15] Are you or any company in which you have any controlling interest delinquent in any local, state, or federal taxes? _____ If so, give details.*
- [16] Have you ever defaulted on any state or federal student loan? _____ If so, give details.*
- [17] Have you been treated for any mental illness, alcohol or drug addiction, or substance abuse within the past five years? _____ If so, give details.*
- [18] Have you been a party (plaintiff or defendant) in state or federal litigation within the past five years? _____ If so, give details.*
- [19] Have you ever served in the military? _____ If so, list branch _____ Were you honorably discharged? _____ If not, give details.*
- [20] Have you ever been terminated from any employment for cause? _____ If so, give details.*
- [21] Have you or any employer within the past ten years been investigated, reprimanded, fired, or suspended from doing business with any state or federal agency? _____ If so, give details.*
- [22] Do you have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? _____ If so, give details.*
- [23] Do you serve on any local or state board, commission, committee, or hold an elected office? If so, please list.*

*** USE EXTRA PAGE IF NECESSARY**

- [24] Are you a registered lobbyist in the State of South Carolina? _____
- [25] I hereby agree to attend the stated and called meetings of this entity to which I am about to be appointed and further agree that should I miss:
- a. Three consecutive meetings or,
 - b. Half the meetings within a six-month period, unless excused by the Chairman prior to the meeting, for reasons beyond my control (illness, death in family, etc.) I will resign my appointment.
- [26] Please provide a preferred address and telephone number to be released to the public upon request (this may be a business address).
- Address: _____
- Phone: _____

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate, and complete; and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation.

Applicant's Signature

Sworn and subscribed before me this _____ day of _____, Two thousand and _____

Notary Public for South Carolina

Commission Expires

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