APPLICATION FORM FOR _______________ COUNTY BOARD/COMMISSION

Please Return To:
Wapello County Board of Supervisors, 215 N Court St, Ottumwa, IA 52501
Phone: 641-683-4630  Website: www.wapellocounty.org

Application For: ________________________ (Board/Commission)

Date: ______________________  E-mail Address: __________________________________________

Name: ____________________________________________________________

Address: ____________________________________________________________________________

Phone Number: ______________________________  Cell Number: ____________________________

Business Phone: __________________________ Fax Number: ____________________________

This form assists the Board of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, and councils according to gender by January 1, 2012, and each year thereafter.

___ Female  ___ Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc.) that you believe may qualify you for this position:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

The following questions will assist the Board of Supervisors in its selection.

1. How much time will you be willing to devote in this position?

____________________________________________________________________________________
2. Interest in Appointment: Describe in detail why you are interested in serving on a county board or commission. Include information about your background that supports your interest.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Contributions you feel you can make to the Board/Commission:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. Direction/role you perceive of this Board/Commission:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

5. In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

6. Please provide two references who may be contacted regarding your qualifications for this position:

Name: ___________________________ Name: ___________________________
Address: ________________________ Address: _________________________
Phone: __________________________ Phone: __________________________
Email: __________________________ Email: ___________________________
Relationship: ____________________ Relationship: _____________________

I certify that there is nothing that would prohibit me from serving on this board or commission.

Signature: __________________________ Date: __________________________

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR TWO YEARS

THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC