

APPLICATION FORM FOR WAPELLO COUNTY BOARD

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

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