**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](http://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