

## Application for Board of Social Services

Please complete each section.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Years in current position \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Duties \_\_\_\_\_

Other employment history \_\_\_\_\_

**It is the Board of Commissioners' goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and district residency.**

District No. \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native America \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

**Board/Commission/Committee Applying For (list only one per form)** \_\_\_\_\_ Board of Social Services

Why are you interested in serving on this Board/Commission/Committee? \_\_\_\_\_

Generally, the Board desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 3 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

**DO NOT SUBMIT RESUMES/ATTACHMENTS**

**Interests/Skills/Areas of Expertise/Professional Organizations/Activities:**

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**Affirmation of Eligibility:**

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain disposition: \_\_\_\_\_

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Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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I understand that any situation which may arise to cause conflict of interest may create serious ethical or legal implications if appropriate discretion is not exercised or responsible action is not taken.

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the Clerk and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Form is invalid if not signed and dated.*

**Return completed form to:**

Argretta R. Johen  
Human Resources Director  
122 Young Street, Suite B  
Henderson, NC 27536  
Phone: (252)738-2014 Fax: (252) 738-2039