



\_\_\_\_\_  
Name of Board/Commission

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

Address \_\_\_\_\_ Driver License Number \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Background information you consider important:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold any other office or honor, trust or profit under the State of South Carolina or any of its subdivisions?

\_\_\_\_\_

Are you willing to participate in training for this position? \_\_\_\_\_

I understand this appointment will require substantial effort on my part and I am willing to devote the necessary time to carry out the responsibilities and requirement of this position.

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

Recommended by \_\_\_\_\_

If this individual is for reappointment, please indicate attendance record.      Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_