

Charleston County Legislative Delegation

A P P L I C A T I O N

P. O. Box 190016
North Charleston, SC 29419
(843) 740-5855
(843) 308-4794 Fax

FOR

A P P O I N T M E N T

APPOINTMENT SOUGHT: _____
(FILL OUT SEPARATE APPLICATION FOR EACH POSITION)

NAME: _____

ADDRESS: _____

ZIP _____ LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER : _____

VOTER REGISTRATION #: _____ DATE OF BIRTH: _____

CURRENT EMPLOYMENT INFORMATION:

OCCUPATION: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

_____ ZIP _____

PHONE NUMBERS: (H) _____ (W) _____ (C) _____

EMAIL ADDRESS **(REQUIRED)**: _____

COMMUNITY SERVICE/CIVIC/CHURCH BACKGROUND INFORMATION:

PERSONAL/PROFESSIONAL INTEREST IN THIS BOARD OR COMMISSION:

CIRCLE ANSWER:

Is there any way that you or a member of your family would stand to benefit financially by your service on this board or commission? YES NO

Have you ever been employed or had any legal involvement with this board or Commission that would be reflected either positively or negatively in your service? YES NO

Have you ever been convicted of a crime (excluding minor traffic violations)? YES NO

IF YOU ANSWERED "YES" TO ONE OR MORE OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON THE BACK OF THIS PAGE.

DATE: _____ SIGNATURE: _____

Please include a one page biographical sketch or one page resume that includes educational background and work experience. All additional information, will not be sent to the Members.