APPLICATION FOR COUNTY APPOINTMENTS

NAME:	D	ATE
ADDRESS:		
TELEPHONE NUMBER:	(home)	(work)
DATE OF BIRTH		
YOUR COUNCIL MEMBER / DISTR	ICT:	
HAVE YOU EVER BEEN CONVICTE	ED OF A FELONY? _(yes)(no)
HAVE YOU BEEN ARRESTED OTH	ER THAN A MINOR TR	AFFIC ACCIDENT
WITHIN THE PAST TEN (10) YEARS	S?(yes)(no	0)
BACKGROUND INFORMATION: (P. EDUCATION:	•	· ·
WORK:		
CIVIC ACTIVITIES:		
LIST PREVIOUS SERVICE ON HOR (indicate dates ofterms):	RY COUNTY BOARDS	OR COMMISSIONS

DUAL OFFICE HOLDING:	Do you presently serve on any County or State Board or
Commission?	
If appointed to an Horry Cou	nty Board or Commission, I understand that I will be
expected to attend all meeting	gs of that Board or Commission. The only reason I would
not attend would be because	of illness or pressing personal commitments. I also
understand that ifl am absent	from three (3) consecutive meetings without a valid reason,
the Council will consider this	s as a voluntary resignation. I am willing to abide by these
attendance regulations. By a	cceptance of the appointment, I pledge my time and abilities
to serve on any board or com	mission to which I am appointed.
·	•
	Signatura
	Signature
Date	