

PICKENS COUNTY BOARD AND COMMISSION APPLICATION



Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address (if less than 5 years): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email Address: _____

Occupation: _____ Present Employer: _____
(If retired, please list your last employer.)

Legal Resident of Pickens County: Yes No Voter Registration No.: _____

Council District: District 1 District 2 District 3 District 4 District 5 District 6

Have you been convicted in a State or Federal court of a crime punishable by imprisonment for more than 30 days?

Yes No If yes, please explain: _____

Which board/commission are you seeking appointment to? _____

Are you seeking a first appointment or a reappointment? First Appointment Reappointment

Why do you want to serve on this board or commission? _____

Why would you be a good fit for this board/commission? _____

List county, community and/or civic activities in which you are affiliated *:

Are you currently serving on any other board and/or commission? If so, which one(s)? _____

Do you conduct any business with the board or its members to which you are seeking appointment? Yes No
If yes, please explain: _____

*** Please note:** If you are appointed to a County Board, and during your term you seek to run for a county elected office, you must step down from your position on the Board during the election. After the election you may continue in your term or resign.

Fire District Members may not volunteer and serve on the same fire district board

By signing this application, you certify that the information provided is true and correct to the best of your knowledge. Any obstruction of this statement will make this application null and void.

I hereby certify that the information provided to Pickens County for my potential board or commissions appointment, is true and correct to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

Return application to: Meagan Bradford, Clerk to Council-222 McDaniel Ave. B-1, Pickens, SC 29671- meaganb@co.pickens.sc.us -(864)898-5856