

Date Received \_\_\_\_\_

File Code \_\_\_\_\_

FOR OFFICE USE ONLY

MIDLAND COUNTY BOARDS AND COMMISSIONS APPOINTMENT APPLICATION

PLEASE PRINT CLEARLY OR TYPE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

CONTACT PHONE NUMBER (s) : \_\_\_\_\_ Home Work Cell Pager  
\_\_\_\_\_ Home Work Cell Pager

OCCUPATION \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL \_\_\_\_\_ YEARS COMPLETED \_\_\_\_\_

COLLEGE \_\_\_\_\_ DEGREE \_\_\_\_\_

COMMUNITY INVOLVEMENT \_\_\_\_\_

**NAME(S) OF BOARD OR COMMISSION DESIRING TO SERVE ON:**

1<sup>st</sup> CHOICE \_\_\_\_\_

2<sup>nd</sup> CHOICE \_\_\_\_\_

3<sup>rd</sup> CHOICE \_\_\_\_\_

WHY DO YOU WISH TO SERVE? \_\_\_\_\_

(Additional information may be attached if desired)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

THIS FORM WILL BE KEPT ON FILE WITH THE COUNTY BOARD OF COMMISSIONERS FOR A PERIOD OF TWO (2) YEARS