

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:

1st CHOICE _____

2nd CHOICE _____

3rd 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