



Macomb County Board of Commissioners

APPLICATION FOR APPOINTMENT TO A COUNTY BOARD OR COMMISSION

Name of Board/Commission: _____

Term: _____ years; from _____ (month/date/year) to _____ (month/date/year)

Applicant Name: _____

Residential Address: _____

City and Zip: _____ County: _____

Mailing Address (if different from above):

Preferred Phone: _____ Email Address: _____

Best method of contact: Call Text Email Other _____

I am at least 18 years of age: Yes No

I am currently registered to vote: Yes No Citizenship: _____

Employer: _____

Employer Address: _____

Position: _____ Nature of Your Work: _____

Education level, degree(s) received and/or other relevant certification or endorsements:

Current appointments and elected positions and date appointed/elected for each:

Previous appointments and elected positions and dates served for each:

Have you ever been convicted of a felony? Yes No

If yes, list each and provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission? _____

Your attendance record for term(s) served:

Number of meetings attended: _____ Number of meetings held: _____

Comments/Clarification (if necessary)

Have you reviewed the [County Ethics Ordinance](#), attest that you will abide by its terms and certify that you are not in violation of any other federal, state or local law regarding incompatible offices or requirement which would otherwise disqualify you? Yes No

Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

Statement of Applicant

I hereby apply for appointment and do swear or affirm that (1) if appointed, I will comply with all statutory, charter, ordinance and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Signature of Applicant

Date

Feel free to attach additional information such as a Resume, Letter of Reference, Letter of Intent, but it is not required.

Submit completed applications to: Macomb County Board of Commissioners
1 South Main Street, 9th Floor
Mount Clemens, MI 48043
bocadmin@macombgov.org