

Application for Appointment or Re-Appointment to  
Macomb County Board/Commission

STATE OF MICHIGAN)  
  )ss  
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

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

1. Applicant Information

Name:

Residence Address:

City, Zip Code:

County of Residence:

Mailing Address (if different than above):

Preferred Phone:

Email:

Best method of contact:

2. I am at least 18 years of age:            Yes                    No

3. I am currently registered to vote:        Yes                    No

4. Citizenship:

5. Employer:

    Employer Address:

    Nature of your work:

    Position:

6. Educational level, degree(s) received, other relevant certification or endorsements:

7. I presently hold the following appointments and elected positions:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony?      Yes      No

If yes, list each – 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.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? \*  
If so, please explain. \*Please reference the Macomb County Ethics Policy at [www.macombBOC.com](http://www.macombBOC.com).

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

12. Is this an application for re-appointment?                      Yes                      No

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

Please indicate your attendance record for term(s) served:

Number of meetings attended

Number of meetings held

Comments/Clarification (if necessary)

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

#### 14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature:

Printed Name:

Date:

Subscribed and sworn to before me this            day of            ,            .

Notary Public  
Macomb County, Michigan

My Commission expires:

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page