

## Oakland County Board of Commissioners

### APPLICATION FORM FOR APPOINTMENT TO BOARDS, COMMITTEES AND COMMISSIONS

**Note:** Please complete this application form in its entirety. Should this application form not be fully completed, the Board of Commissioners reserves the right to reject the application. In addition, any false or misleading information on this application form will be sufficient reason for the Board of Commissioners to reject the application or terminate the appointment. Information included in this application is subject to the Michigan Freedom of Information Act. All applicants may, at the County's discretion, be subject to a security check and clearance. The County reserves the right to request your Drivers' License Number for this purpose.

All qualified applicants receive consideration for appointment without regard to race, color, religion, sex, age, national origin, height, weight, familial, marital, handicap or veteran status.

**In order to be eligible for application, you must be at least 18 years of age, and a U.S. citizen.**

**PLEASE FILL OUT THE FOLLOWING AND SUBMIT TO:**

The Oakland County Board of Commissioners  
1200 N. Telegraph Road, Dept. 470

Pontiac, MI 48341-0470      PHONE: 248.858.0100      FAX 248.858.1572

**PERSONAL DATA:**     Mr.     Mrs.     Ms.     Miss

Name:

Address:

City/Village/Township Postal Code:

Home Phone:

Work Phone:

FAX NUMBER:

E-Mail Address:

How long have you been a resident of Oakland County?

**INDICATE THE BOARD, COMMITTEE OR COMMISSION YOU ARE INTERESTED IN** (if applying for more than one board, committee or commission, please list in order of preference. Also, please see the next question before responding).

**ARE YOU APPLYING FOR REAPPOINTMENT?**     Yes     No

**IF YOU ARE APPLYING FOR THE COMMUNITY MENTAL HEALTH AUTHORITY BOARD, PLEASE IDENTIFY THE SEAT YOU ARE A CANDIDATE FOR:** (please check only one) [  ] Provider of Mental Health Services; [  ] representative of agency or have occupation having a working involvement with mental health services; [  ] primary consumer; [  ] secondary (family member of someone receiving services); [  ] general public. (These designations are a requirement of the Michigan Mental Health Code and must be represented on the Board)

**EXPLAIN WHY YOU WOULD LIKE TO SERVE ON EACH BOARD, COMMITTEE OR COMMISSION IDENTIFIED ABOVE:**

**HAVE YOU SERVED PREVIOUSLY ON A BOARD, COMMITTEE OR COMMISSION? IF SO, WHEN AND FOR HOW LONG?**

**PLEASE DETAIL ANY WORK RELATED OR COMMUNITY SERVICE SKILLS/EXPERIENCE YOU MAY CONTRIBUTE.**

**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?**

If yes, please list date(s), offense(s) and disposition(s):

**EDUCATION:**

**HIGH SCHOOL OR GED:** CITY STATE

**COLLEGE/TECHNICAL:** CITY STATE

**DEGREE:**

**DEGREE:**

**EMPLOYMENT /REFERENCE INFORMATION:  
PLEASE LIST YOUR MOST RECENT WORK EXPERIENCE FIRST, INCLUDING FULL, PART-TIME AND VOLUNTEER:**

Employer:

Address:

Position Title:

Dates of Employment:

Duties:

Employer:

Address:

Position Title:

Dates of Employment:

Duties:

Employer:

Address:

Position Title:

Dates of Employment:

Duties:

**REFERENCES:**

In applying your signature to this application, you authorize the Oakland County Board of Commissioners to contact those individuals or organizations you have listed as references.

**Please List Contact Person/Organization & Phone Numbers:**

I have answered all questions to the best of my ability. I have read all application disclaimers and authorize background inquiries as to my character, reputation and ability and release those supplying any information from liability.

**APPLICANTS SIGNATURE:** DATE: