

APPLICATION

PUTNAM COUNTY BOARDS OR COMMITTEES

Return to: Putnam County Commission
12093 Winfield Road
Winfield, WV 25213

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of disability if otherwise qualified for the position.

Date of Application: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ Email Address: _____

Magisterial District Where You Reside: 1. _____ 2. _____ 3. _____

Political Party if applying for Putnam County Board of Health _____

Circle the board, committee or commission you are applying for from the list below.

- | | |
|---|-------------------------------------|
| Putnam County Board of Zoning Appeals | Putnam County Building Commission |
| Putnam County Convention & Visitors | Putnam County Development Authority |
| Putnam County Dilapidated & Abandoned Enforcement Agency | Putnam County Fire Service Board |
| Putnam County Historic Landmarks | Putnam County Health Board |
| Putnam County Parks & Recreation | Putnam County Library Board |
| Putnam Public Service District Board | Putnam County Planning Commission |
| | Putnam County Solid Waste Authority |

Are you now employed: Yes _____ No _____

Name of employer: _____

Occupation: _____

On what date would you be available to serve? _____

Have you been convicted of a felony or misdemeanor, excluding traffic violations?

Yes _____ No _____ If yes, please explain and list:

Veteran of the U.S. Military Service? Yes _____ No _____

If yes, Branch: _____

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Education:

Employment Experience:

List any Committees or Boards you are now serving or have previously served:

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application.

Signature: _____ Date: _____