

BOARD OF COUNTY COMMISSIONERS

LUCAS COUNTY, OHIO

APPLICATION FOR A PUBLIC VOLUNTEER
COMMITTEE, COMMISSION, BOARD OR AGENCY APPOINTMENT
ONE GOVERNMENT CENTER, SUITE 800
TOLEDO, OHIO 43604

NAME OF APPLICANT: _____

First

Middle

Last

ADDRESS: _____

Street

City/State

Zip Code

TELEPHONE: _____

Work

Fax

Home

EMAIL ADDRESS: _____

APPOINTMENT APPLYING FOR: _____

Have you, your spouse, or any of your children under the age of 18 made a contribution to a Lucas County Commissioner's Campaign fund within the last five years? No Yes

Have you, a business in which you have an ownership interest, your spouse, or any immediate family member, received a contract for goods or services within the last 5 years from the Board or Commission to which you are seeking appointment? No Yes

If yes, please disclose the nature, duration and amount of the contract.

Are you related to any current employee of Lucas County? No Yes

If yes, give name and position _____

Are you related to any other member of the committee, commission, board or agency for which you are applying? No Yes

Are you related to any employee of the committee, commission, board or agency for which you are applying? No Yes

Do you serve on any other public or not-for-profit boards? No Yes

If yes, please identify _____

Are you a defendant or plaintiff in any pending civil law suits that could impact your service on this public board? No Yes

If yes, please identify _____

Have you ever been convicted of a violation of any law, other than minor traffic offenses?

No

Yes

If yes, please provide details:

If you are responsible for child support obligations, is your obligation current?

No

Yes

Does Not Apply

EDUCATION:

High School _____ Date of Graduation _____

Post-High School Education _____

MILITARY HISTORY:

Branch of Service _____

Discharge Date _____ Type of Discharge _____

Highest Rank _____

EMPLOYMENT HISTORY:

Present or last employer _____

Your title/duties _____

Dates of Employment _____ to _____

Previous employment (list employers, position, dates of employment)

REFERENCE:

(List three persons not related to you who you have definite personal knowledge of your qualifications for this position)

Name _____

Address _____

Telephone _____

STATEMENT:

Please provide a brief statement as to why you feel you are qualified for this appointment. **If you are seeking re-appointment, please indicate what your contributions have been to the committee/commission during the time of your service. For re-appointment, please state your meeting attendance history.**

Please include any other information here that you feel would be of importance to the Commissioners in the selection process.

Are you aware of any circumstances that exist or could exist that would create a conflict of interest or the appearance of a conflict of interest if you are appointed to this board? No Yes

If yes, please explain

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements will void this application and any actions based on it.

SIGNATURE OF APPLICANT _____ DATE _____

Please submit a detailed resume with this form and return to Justin L. Richmond, Deputy Clerk of the Board, at jlrichmond@co.lucas.oh.us or One Government Center, Suite 800, Toledo, Ohio 43604.