

HEARD COUNTY BOARD OF COMMISSIONERS

**APPLICATION FOR APPOINTMENT TO BOARDS,
AUTHORITIES, OR COMMISSIONS**

The information provided on this form will be used by the Heard County Board of Commissioners to assist in the selection process for vacancies on Boards, Authorities, and Committees. *Please note that applications are not kept on file and must be resubmitted for each appointment. Incomplete applications will not be considered. Applicants may be asked to attend a County Board of Commissioners' meeting for review and consideration.*

PLEASE PRINT OR TYPE

Board, Authority, or Committee You Are Applying To: _____

Name: _____

Address: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date Available for Appointment: _____

County Commission District: _____

Are you a resident of Heard County: Yes No

If yes, which township, city, or village? _____

Incorporated Unincorporated (Check One)

How long have you been a citizen of Heard County: _____

Are you willing to participate in a criminal background check: Yes No

Please complete the following background information. You may attach additional sheets as needed.

Community Service

List all boards, commissions, committees, or community service organizations you are currently serving on or have previously served. Include the offices held, the municipality or county, and the respective years of service for each.

Employment and Education

List any employment experience or education that you believe best qualifies you for this appointment. Include job titles, duties (current and past), educational background, certificates or degrees obtained, and the respective years for each.

Have you ever worked for Heard County? Yes No

If yes, please list dates and name(s) of departments.

Personal

Are you aware of any potential conflicts of interest you may have in being appointed to the requested board, authority, or committee? Yes No

If yes, please identify the potential conflict(s).

Are you aware of the time commitment necessary to serve on the board, authority, and/or committee to which you seek appointment, and will you have the necessary time? Yes No

Please provide information about specific training, education, experience, or interests you possess that qualify you as an appointee to the position you seek.

Please provide any other information you wish the Board of Commissioners to know.

Have you enclosed a resume with this application? Yes No

I hereby certify that the preceding information is correct to the best of my knowledge

Applicant's Signature

Date of Application

You may submit your application by mail, email, or in person to the following:

Katrina Billingsley – Human Resources Director
Katrina.billingsley@heardcountyga.com
201 Park Avenue, Room 200
P.O. Box 40
Franklin, GA 30217

For Official Use Only

Date Term Begins: _____ Date Term Ends: _____

CONSENT FORM

I hereby authorize the Heard County Human Resources Department to receive any criminal history information pertaining to me, which may be in the files of any state or local criminal justice agency in the United States.

Full Legal Name: _____

Birth Name, If Different: _____

Residential Address: _____

Date Of Birth: _____ Social Security#: _____

Race: _____ Sex: _____ County/State/Country of Birth: _____

****NOTE: THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC ****

Signature of Applicant

Date

Sworn and subscribed before me

This _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Terminal Operator Affidavit – INTERNAL USE ONLY

Date: _____ Signature: _____

SID: _____ Title: Terminal Operator

() No Records Available Agency: Heard County Board of Commissioners

() Records Attached