

LETTERHEAD

APPLICATION FOR APPOINTMENT TO
BOARDS, AUTHORITIES, OR COMMISSIONS

The information provided on this form is for the use of the Heard County Board of Commissioners in its deliberation to fill vacancies on boards, authorities, and committees. Applications may be submitted at any time and will be kept on file with the County Clerk. Applicants may be asked to attend a designated meeting of the County Board of Commissioners for application review and appointment consideration.

To which board, authority, or committee are you seeking appointment?

PLEASE PRINT OR TYPE

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 that you are currently serving or have served upon, offices held and in what municipality or county, and list the respective years you served for each.

Employment and Education

List any employment experience or education that, in your opinion, best qualifies you for this appointment. List job titles, duties (current and past), level of education and certificates or degrees you have obtained and list 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 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

Mail your completed application to: Heard County Board of Commissioners
P.O. Box 40
Franklin, GA 30217

OR

Email your completed application to: _____@heardcountyga.com

For Official Use Only	
Date Term Begins: _____	Date Term Ends: _____

CONSENT FORM

I hereby authorize the Board of Commissioners of Heard County, Georgia to receive any criminal history information pertaining to me, which may be in the files of any state or local criminal agency in Georgia.

Full Legal Name: _____

Birth Name, If Different: _____

Residential Address: _____

Date of Birth: _____

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

**** NOTE: THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC ****

Signature of Applicant

Date

Sworn and subscribed before me

This _____ day of _____, 2023.

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