

APPLICATION FORM FOR _____ COUNTY BOARD/COMMISSION

Please Return To:

Butler County Auditor, P. O. Box 325, Allison, IA 50602

Phone: (319) 267-2670 Fax: (319) 267-2625 Website: butlercoiowa.org

Application For: _____ (Board/Commission)

Date _____ E-mail Address _____

Name _____

Address _____

Phone Number _____ Fax Number _____

Business Phone _____ Cell Phone _____

This form assists the Board of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, and councils according to gender by January 1, 2012, and each year thereafter.

Female Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position):

The following questions will assist the Board of Supervisors in its selection.

■ How much time will you be willing to devote in this position?

■ Interest in Appointment: Describe in detail why you are interested in serving on a county board or commission. Include information about your background that supports your interest.

■ Contributions you feel you can make to the Board/Commission:

■ In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?

■ Please provide two references who may be contacted on your qualifications for this position.

| Name | Address | Phone number | Email address | Relationship |
|------|---------|--------------|---------------|--------------|
|------|---------|--------------|---------------|--------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I certify that there is nothing that would prohibit me from serving on this board or commission.

Signature _____ Date _____

***YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND
DISTRIBUTED FOR THE PUBLIC.***