

Charleston County Legislative Delegation

APPLICATION

P. O. Box 190016  
North Charleston, SC 29419  
(843) 740-5855  
(843) 308-4794 Fax

FOR

APPOINTMENT

APPOINTMENT SOUGHT: \_\_\_\_\_  
(FILL OUT SEPARATE APPLICATION FOR EACH POSITION)

NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

ZIP \_\_\_\_\_ LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER : \_\_\_\_\_

VOTER REGISTRATION #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT EMPLOYMENT INFORMATION:

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS **(REQUIRED)**: \_\_\_\_\_

COMMUNITY SERVICE/CIVIC/CHURCH BACKGROUND INFORMATION:

PERSONAL/PROFESSIONAL INTEREST IN THIS BOARD OR COMMISSION:

CIRCLE ANSWER:

Is there any way that you or a member of your family would stand to benefit financially by your service on this board or commission?

YES ☐

NO ☐

Have you ever been employed or had any legal involvement with this board or Commission that would be reflected either positively or negatively in your service?

YES ☐

NO ☐

Have you ever been convicted of a crime (excluding minor traffic violations)?

YES ☐

NO ☐

IF YOU ANSWERED "YES" TO ONE OR MORE OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON THE BACK OF THIS PAGE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Please include a one page biographical sketch or one page resume that includes educational**

**background and work experience. All additional information, will not be sent to the Members.**