

## **Application for Appointment to Boards and Commissions**

Mail to: Office of the County Judge/Executive

321 West Main Street Frankfort, KY 40601

Telephone: (502) 875-8751 Fax: (502) 875-8755

PERNM	EL			_				
				D	oate:			
Board or Comm	nission for	which you are app	lying:					
		Appli	icant Informa	ation				
Name				Cell nho	ne·()			
Nume	Last Name	First Name	Middle Initial	cen pho	iic(/_			
E-mail address: _			Work phone: _()					
Addross								
Address	Street		City	State	Zip Code			
If yes, please pro	vide the na	atives employed by ame and department ated of a felony or m	t/office(s):	exclude minor t	raffic violations	s) ( ) Yes ( ) N	0	
			loyment His	tory				
Your work e	experience is	an important factor in	n evaluating your	application. P	Please list your	current emplo	oyer.	
Name of Employer	·:							
Type of Business:_		Telephone:						
Employer's Addres	ss:	Street			Chaha	 Zip Code		
Name of Superviso	or:	Street City State Zip Code Dates of Employment:						

Job title & description of duties performed:

Public/Civic Leadership Information	
Describe any background experience you possess that would be beneficial to this	board/committee?
Are you registered to vote at the address listed on this form? ( ) Yes ( ) No	
Do you currently hold an elected or appointed office in a public or non-profit orga	nization? ( ) Yes ( ) No
Do you or any family or business connections make use of services provided by with the board/committee for which you are applying? ( ) Yes ( ) No	or connected
Do you or any family or business connections serve on any board/committee or any has or may have any connection or relationship with the board/committee for which ( ) Yes ( ) No If yes, explain:	•
Certification & Release – Please read carefully before	signing
I certify that the answers and information given in this application are true, correct without qualification. I understand the county has the right to refuse to appoint redischarge me, at any time, if it discovers I have provided incomplete, false or misl information in this application or on any other documents or forms submitted at my term. I authorize the county and its agents to verify the answers and informat application.	ne or immediately eading answers or any time during
Applicant's Signature	Date