

Staff Use Only:

Council District 21

This application is a

Reappointment

New Appointment

Attendance Record:

n/a

## GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Boiling Springs Fire District

**An individual may only apply to serve on one board or commission during any election cycle.**

**In order for your application to be given consideration, it is critical that you answer all of the following questions as completely as possible.**

Mr  Mrs  Ms  Miss

William A. Flack

Home Address 100 Firethorne Drive

City Greer

Occupation Project Manager

Employer Wood PLC

**Employer Address**

30 Patewood Drive, Suite 200

Breenville, SC. 29615

**Volunteer Experience**

Vol, firefighter for 28 years

Served on the Board of Fire Control for Boiling Springs Fire District.

**Describe your understanding of the role of a member of the board or commission to which you are applying**

Working with the executive staff and providing governance for the fire district.

**What specific skills do you believe you could contribute as a member of this board or commission?**

Managed staffs, developed estimates, prepared budgets, developed schedules, develop client relations.

Track invoices. Work with clients to reconcile invoices. Work with clients to collect payments.

Work, with groups to generate plans and solutions.

**Have you ever been convicted of a crime other than a minor traffic violation?**

Yes

No

**If so, please give details**

Do you currently hold any elected or appointed office or commission?

Yes

No

If yes, list Board of Fire Control for Boiling Springs Fire District.

Have you ever been fined for any ethics violations?

Yes

No

If so, please comment

Have you ever been subject to penalty relating to a violation of State ethics standards?

Yes

No

If so, please explain

Do you, any member of your immediate family or a business with which you or a member of your family is associated, provide goods and/or services to this board for payment?

Yes

No

If so, please explain

**Statement**

*By my signature, I state that all information contained in this application is true and accurate to the best of my knowledge.*

*I understand it is my responsibility to insure my application is submitted within the application period and that it has been received by the County Council Office.*

*I understand my appointment to the board for which I am applying will not result in me receiving any compensation for my service.*

*I understand my lack of attendance resulting in three consecutive meetings or 25% of all meetings within a year may result in my removal from the board.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed form by mail, fax or email to:**

**Greenville County Council  
301 University Ridge, Suite 2400  
Greenville, SC 29601-3665**

**Fax: (864) 467-7358**

rmccaskill@greenvillecounty.org

If you have questions, please call 467-7115 or check the www.greenvillecounty.org website.