

Staff Use Only:

Council District 27

This application is a

Reappointment

New Appointment

Attendance Record: _____

GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Clear Spring Fire and Rescue 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

Robert LeConey

Home Address 118 CHESTNUT POND LANE

City SIMPSONVILLE

Occupation President

Employer Innovative Manufacturing and Design

Employer Address

1528 Roper Mountain Road

Greenville, SC 29615

Volunteer Experience

Recently, I have served on the Palmetto Conservative Alliance board, served on various company boards, and worked with Homes of Habitat.

I have also been a volunteer firefighter.

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

I am applying for the Fire Commissioner of Clear Springs Fire and Rescue. My understanding of this position is that I will work with other commissioners and fire chiefs to oversee operations and budgets. We will work together to see that checks and balances are put into place.

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

As current President of my company, I use the skills needed for this position on a daily basis. I have over 30 employees that I manage currently. My job is to boost morale, oversee the budget, and ensure my team has the tools needed to succeed.

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

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.