

CAPITAL PROJECTS SALES TAX COMMISSION APPLICATION

Name: Thomas W. Epting

Occupation: _____ Employer: _____

Employer Address: _____

Describe your understanding of the position for which you are applying. _____

Volunteer Experience (Please list and describe): _____

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

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please give details. _____

Do you currently hold any elected or appointed office or commission? Yes No
If yes, please list _____

Are you an employee of the State of South Carolina, Greenville County or a municipality? Yes No
If yes, name entity and job title: _____

Have you ever been fined for an ethics violation? Yes No
If yes, please comment: _____

Have you ever been subject to penalties relating to a violation of State ethics standards? Yes No
If yes, please explain: _____

Would you, any member of your immediate family, or any business with which you or a family member is associated, benefit financially due to the actions of this board? Yes No
If yes, please explain: _____

Would you be willing to submit to a criminal background check and/or credit check? Yes No

Are you aware this is not a compensated position? Yes No

Statement of Agreement and Understanding

By my signature, I attest to the following:

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 that I serve at the pleasure of County Council and all appointments are subject to the Ethics, Government Accountability, and Campaign Reform Act, S.C. Code Ann. Section 8-13-100 et. seq., and any member appointed to a board or commission whose action is inconsistent or may be perceived to be inconsistent with the spirit or intent of the Act may be subject for removal.

I understand that information provided in this application may be subject to South Carolina Freedom of Information disclosure.

_____ Date _____

For Additional Information Contact:

Regina McCaskill
Clerk to Council
301 University Ridge, Suite N-1100
Greenville, SC 29601
864-467-7118
rmccaskill@greenvillecounty.org

Email completed application to:

rmccaskill@greenvillecounty.org