

# CAPITAL PROJECTS SALES TAX COMMISSION APPLICATION

Name: \_\_\_\_\_

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](mailto:rmccaskill@greenvillecounty.org)

Email completed application to:

[rmccaskill@greenvillecounty.org](mailto:rmccaskill@greenvillecounty.org)