



Office of the Greenville County
Legislative Delegation

For Delegation office
use only

Date received

Application for Boards, Commissions, and Committees

Please return the application to:
Greenville County Legislative Delegation, 301 University Ridge, Suite 2400, Greenville, South Carolina 29601

Your Name:

Dr./Mr./Mrs./Ms. _____
Last First Middle

Name of Board, Commission, or Committee you are being considered for:

If you are applying for a particular seat, please specify: _____

Your Current Address, City, Zip Code and County: _____ Senate/House District: ____ / ____

Home Telephone: _____ Office Telephone: _____ Fax: _____

Mobile Telephone: _____ Email Address: _____

Voter Registration # _____ Date of Birth: _____

Race: _____ Sex: Male / Female

Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) _____

Some College _____

College graduate _____

Professional degree (please specify) _____

Present Employer _____

Address _____

Current Position _____

Years of residence in South Carolina: _____

1] Have you ever been arrested for a crime other than a minor traffic violation? _____ If so, give details.*

- 2] Have you filed state and federal income tax returns for the past five years? _____ If not, give details.*
- 3] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? _____ If so, give details.*
- 4] Have you ever defaulted on any state or federal student loan? _____ If so, give details.*
- 5] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? _____
If so, give details.*
- 6] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? _____
If so, give details.*
- 7] Have you ever served in the military? _____
Were you honorably discharged? _____ If not, give details.*
- 8] Have you ever been terminated from employment for cause? _____ If so, give details.*
- 9] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? _____ If so, give details.*
- 10] Have you ever been disciplined or fined by the State Ethics Commission? _____ If so, give details.*
- 11] Have you ever been disciplined or fined by any professional or regulatory agency? _____ If so, give details.*
- 12] Do you serve on any local or state board, commission, committee, or elected office? _____ If so, list.*
- 13] Are you a registered lobbyist in the State of South Carolina? _____
- 14] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? _____ If so, give details.*
- 15] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? _____ If so, give details.*
- 16] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? _____ If yes, give details.*

17] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? _____ If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

18] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? _____ If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

19] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? _____ If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

20] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? _____ If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

21] I, _____, agree that, if I am appointed to the _____, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Greenville County Legislative Delegation.

Applicant's Signature

Sworn and subscribed before me this _____ **day of** _____, **Two Thousand and** _____.

Notary Public for South Carolina

My commission expires _____