

## **Jasper County Legislative Delegation Application for Boards, Commissions, and Committees**

Please submit your completed notarized application along with a letter of recommendation and brief resume' to:

Jasper County Legislative Delegation, P. O. Box 2433, Ridgeland, SC 29936

Office (843) 726-6019 Email <u>jcdelegation@jaspercountysc.gov</u>

Legal Name: ☐ Mr. ☐ Mrs. ☐ M			
Home Address:		First	Middle Zip:
Mailing Address:	City: _		Zip:
Telephone:	Email Address:		(required by Governor)
Date of Birth:	Voters Regis	stration Number: _	
Present Employer:	Current	Position:	
Employer Address:			
House District:Sen	ate District:Years	of Residence in S	outh Carolina:
Level of Education Completed		Field of Study:	
Name of Board, Commission		are applying:	
If you are applying for a particular	ılar seat, please specify:		
Are you presently serving on a State of South Carolina? Yes		ttee, Authority or 6	elected office within the
If yes, please list the name, add	ress, telephone number, begi	nning and ending o	date of term:

Jasper County Legislative Delegation Boards, Commissions, and Committees Application Page 1 of 3

Have you previously served on any state or local Board, Commission, Committee or Authority? If yes, please list name, how long, and year expired/resigned:
Do you, any member of your immediate family, or a business with which you or a family member is
associated, receive compensation from any individual or business that contracts with the entity for which you are applying? If yes, please explain:
Do you or any member of your immediate family receive direct services from this board? If yes, please explain:
Are you a registered Lobbyist in the State of South Carolina?
Volunteer Experience (Please list and describe):
Describe your understanding of the position for which you are applying:

## AGREEMENT OF UNDERSTANDING

I,	, understan	tand if nominated to the Governor, will receive an		
application by email fro the Governor.	om the Governor's office v	vith a secure link to complete before being appointed by		
I,	, agree that	, if I am appointed to the,		
	· ·	ntity. If I am absent from three consecutive meetings, or six-month period, then I will resign my appointment.		
However, if the Chairpe	erson excuses my absence	prior to the meeting, in recognition of circumstances		
beyond my control (illr	ness, family emergency, etc	e.) then, I am entitled to retain my position.		
	CERTIFICATI	ON OF APPLICANT		
statements are true, according or omission of the facts be appointed by the Gobackground investigation He/she also authorizes	urate and complete: and the may result in his/her bein vernor. He/she authorizes on including, but not limite the Governor's Office to p	to being duly sworn, disposed, and says that all his/her that he/she knows and agrees that any misrepresentation g disqualified or being discharged should he/she already the State Law Enforcement Division to conduct a ed to, a criminal history, driving record and credit check rovide the nominating authorities with copies of this and any other information gathered in processing this		
Signature of Applican	<u>.</u>	Sworn to and subscribed before me		
Signature of Applican	u	thisday of		
Print Name	Date	Notary Public of South Carolina		
		Print Name		
		My Commission Expires		

Jasper County Legislative Delegation Boards, Commissions, and Committees Application Page 3 of 3