



**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 jcdelegation@jaspercountysc.gov*

Legal Name: Mr. Mrs. Ms. Dr. _____

Home Address: _____ City: _____ Zip: _____
Last First Middle

Mailing Address: _____ City: _____ Zip: _____

Telephone: _____ Email Address: _____ (required by Governor)

Date of Birth: _____ Voters Registration Number: _____

Present Employer: _____ Current Position: _____

Employer Address: _____

House District: _____ Senate District: _____ Years of Residence in South Carolina: _____

Level of Education Completed: _____ Field of Study: _____

Name of Board, Commission or Committee to which you are applying:

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

Are you presently serving on a Board, Commission, Committee, Authority or elected office within the State of South Carolina? Yes No

If yes, please list the name, address, telephone number, beginning and ending date of term:

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, _____, understand if nominated to the Governor, will receive an application by email from the Governor’s office with a secure link to complete before being appointed by the Governor.

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.

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 Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor’s Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Signature of Applicant

Print Name

Date

Sworn to and subscribed before me
this _____ day of _____, 20 _____

Notary Public of South Carolina

Print Name
My Commission Expires _____