



# Macomb County Board of Commissioners

## APPLICATION FOR APPOINTMENT TO A COUNTY BOARD OR COMMISSION

Name of Board/Commission: \_\_\_\_\_

Term: \_\_\_\_\_ years; from \_\_\_\_\_ (month/date/year) to \_\_\_\_\_ (month/date/year)

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

Residential Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from above):  
\_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best method of contact:  Call  Text  Email  Other \_\_\_\_\_

I am at least 18 years of age:  Yes  No

I am currently registered to vote:  Yes  No      Citizenship: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Nature of Your Work: \_\_\_\_\_

Education level, degree(s) received and/or other relevant certification or endorsements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current appointments and elected positions and date appointed/elected for each:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous appointments and elected positions and dates served for each:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, list each and provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

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Is this an application for re-appointment?  Yes  No

If yes, how many years have you served on this board/commission? \_\_\_\_\_

Your attendance record for term(s) served:

Number of meetings attended: \_\_\_\_\_ Number of meetings held: \_\_\_\_\_

Comments/Clarification (if necessary)

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Have you reviewed the County Ethics Ordinance, attest that you will abide by its terms and certify that you are not in violation of any other federal, state or local law regarding incompatible offices or requirement which would otherwise disqualify you?  Yes  No

Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

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### Statement of Applicant

I hereby apply for appointment and do swear or affirm that (1) if appointed, I will comply with all statutory, charter, ordinance and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Feel free to attach additional information such as a Resume, Letter of Reference, Letter of Intent, but it is not required.*

Submit completed applications to: Macomb County Board of Commissioners  
1 South Main Street, 9th Floor  
Mount Clemens, MI 48043  
[bocadmin@macombgov.org](mailto:bocadmin@macombgov.org)