APPLICATION FORM FOR ______ COUNTY BOARD/COMMISSION

Please Return To:

Wapello County Board of Supervisors, 215 N Court St, Ottumwa, IA 52501 Phone: 641-683-4630 Website: www.wapellocounty.org

Application For:	(Board/Commission)
Date:	E-mail Address:
Name:	
Address:	
Phone Number:	Cell Number:
Business Phone:	Fax Number:
commission. State law requires p	opervisors in evaluating the qualifications of applicants for appointment to a board or olitical subdivisions to make a good faith effort to balance most appointive boards, ouncils according to gender by January 1, 2012, and each year thereafter.
FemaleMale	
believe may qualify you f	or this position:
	vill assist the Board of Supervisors in its selection. vill you be willing to devote in this position?

Relationship:	Relationship:
	Relationship:
Email:	Email:
	Phone:
	Address:
	Name:
position:	ences who may be contacted regarding your qualifications for this
	he above, do you have any comments to add that may assist the ts selection?
Direction/role you percei	ve of this Board/Commission:
Contributions you feel yo	ou can make to the Board/Commission:
• •	clude information about your background that supports your
	Direction/role you perceit In lieu of/in addition to the Board of Supervisors in it Please provide two references position: Name: Name: Address: Phone: Email:

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR TWO YEARS

THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC