



Application for Nomination for Board Membership

NAME _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____ (home) _____ (work)

PLACE OF EMPLOYMENT _____

POSITION _____

Can we contact you at work? **Yes** **No**

EDUCATION _____ **Last School Attended** _____
(highest level completed)

CURRENT INTERESTS, AFFILIATIONS, AND CLUBS _____

OTHER MEMBERSHIPS AND AFFILIATIONS WITHIN THE PAST FIVE YEARS
(Attach another sheet, if needed)

The following information will be provided to the Nominating Committee for the purpose of selecting candidates that are representative of our community demographics.

GENDER: MALE FEMALE AGE _____

CURRENT LOCATION OF RESIDENCE (zip code) _____

RACE _____

AGES OF CHILDREN _____

I CERTIFY that this application (and any copy or facsimile of same) contains no willful misrepresentation and that the information is true and complete to the best of my knowledge. I understand that:

- ⇒ Completion and submission of this application, gives the Scott County Empowerment Area the authority to submit my name for a criminal records check including a search of the child abuse registry.
- ⇒ Information on this application and any documents submitted to be included with this application may, in compliance with Iowa Code Chapter 22, be public records and may be made available to the public upon request. Only information deemed confidential in accordance with applicable statues will be withheld from public disclosure.
- ⇒ Should any investigation at any time disclose otherwise, my application may be rejected, my name may be removed from consideration for placement on the Board, I may be dismissed from my position as a Board member, and I may be disqualified from applying for any other Board membership positions under the jurisdiction of the Scott County Empowerment Area.

By signing this application, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or that I may provide in conjunction with my application for Board Membership.

Signature _____ DATE _____

Social Security Number _____