

JEFFERSON **N** COUNTY, MISSOURI

BOARD OR COMMISSION

Application for Appointment

Office of the County Executive
Jefferson County Administration Center
729 Maple Street · PO Box 100
Hillsboro, Missouri 63050

Telephone: 636-797-5400 · Fax: 636-797-5506
Web Address: www.jeffcomo.org

County Executive Dennis Gannon

Council Members

Council Member District 1, Brian Haskins

Council Member District 2, Renee Reuter

Council Member District 3, Phil Hendrickson

Council Member District 4, Charles Groeteke

Council Member District 5, Tracey Perry

Council Member District 6, Daniel Stallman

Council Member District 7, Victoria James



BOARD OR COMMISSION Application for Appointment

Supplying this information will help in determining that you meet specific requirements and qualifications as stated in the County, Charter, County Ordinances and the Revised Statutes of the State of Missouri. Please complete the entire application form and include a resume.

PLEASE PRINT

Board/Commission applying for: _____

Mr. Mrs. Ms. E-Mail Address: _____

Name: Last First MI Preferred Name

Home Street Address: _____

City: _____ Zip Code: _____

Mailing Address: PO Box / Street City State Zip Code

Check preferred contact number:

Home Phone: () Cell: ()

Business Phone: () Other: ()

Do you live in an unincorporated area? (Y/N): If no, which municipality?

IF YOU ARE APPLYING FOR THE: Port Authority, Jefferson County Employees Merit Commission or Sheriff's Department Merit Commission, please check the following: Party Affiliation: Republican Democrat

Table with 3 columns: Question, Yes, No. Rows: Are you a registered voter in Jefferson County, Missouri?; Have you resided in Jefferson County for at least one (1) year?; Are you current on your Jefferson County Real Estate and Personal Property taxes?

Do you currently hold, or have you previously held, any local, state or federal government positions, appointments or elected office(s)? Yes No If yes, please list dates and positions held.

Do you have any financial or other interests that might present a conflict of interest, or the appearance of such a conflict, if you were appointed to the position for which you have applied? Yes No
If yes, please list possible conflicts:

List any professional licenses or certificates, not limited to Missouri, the date you were originally licensed, and the licensing agency.

CERTIFICATION: Please read carefully before signing. If you have any questions regarding the following statements please ask for assistance. I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in the application are correct and complete. I understand that any false information may prevent acceptance as an appointee.

I authorize you to communicate with all my former employers and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

Applicant signature: _____ **Date:** _____

PRIVACY ACT STATEMENT:

GENERAL: This information provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for positions with Jefferson County, Missouri.

ROUTINE USES: The Social Security Number and Drivers' License Number are used to identify applicants and verify qualifications. The Social Security Number is also used in tracking training qualifications.

DISCLOSURE IS VOLUNTARY: Failure to provide the above information may prevent acceptance as an appointee.

BACKGROUND INVESTIGATION

I, _____, understand that to be considered for an appointment with Jefferson County, Missouri, there may be a necessity to do some investigation into my background and character. I also understand that part of this investigation will be a Criminal Background check and includes a Wants and Warrants search conducted by the Human Resources Department.

I give my full and unqualified permission for the character background check to be done by the Jefferson County Human Resources Division or a designee.

I also understand that a copy of this release will be used to procure this information and it will stand as an original.

Applicant signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Driver's License No: _____ State: _____ Expiration Date: _____

Please return completed form to:

Jefferson County, Missouri
Office of the County Executive
ATTN: Leah Smith

LSmith@jeffcomo.org

P.O. Box 100
Hillsboro, MO 63050

Fax To: 636-797-5506