

**APPLICATION FOR APPOINTMENT TO THE ROAD COMMISSION**

**APPLICANTS MUST BE RESIDENTS OF INGHAM COUNTY**

Date Received \_\_\_\_\_

Submit completed application before deadline to:  
Ingham County Board of Commissioners, P.O. Box 319, Mason, MI 48854  
or Fax to (517) 676-7264 or email to [bbennett@ingham.org](mailto:bbennett@ingham.org)

***(PLEASE SUBMIT A RESUME' NO LONGER THAN 5 PAGES ALONG WITH THIS APPLICATION)***

Application for appointment to: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email address: \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Length of residence in Ingham County \_\_\_\_\_

Education \_\_\_\_\_

Relevant Organizations/Affiliations \_\_\_\_\_

Relevant Employment/Volunteer Experience \_\_\_\_\_

Technical/Professional Experience \_\_\_\_\_

Brief Statement as to interest in serving on this board/commission \_\_\_\_\_

**APPLICATION MUST BE COMPLETED ON THE BACK TO BE VALID**

**APPLICATION FOR APPOINTMENT**

Have you been convicted of a felony within the past 10 years?      yes \_\_\_\_\_ no \_\_\_\_\_

If so, please explain (You do not need to disclose a felony that has been legally expunged.) \_\_\_\_\_

\_\_\_\_\_

Are there any felony charges pending against you?      yes \_\_\_\_\_ no \_\_\_\_\_

If so, please explain. (Answering yes to either question does not necessarily disqualify an applicant.) \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**APPLICATIONS WILL BE VOID AFTER EXPIRED TERM VACANCIES ARE FILLED  
UNLESS STATEMENT BELOW IS SIGNED.**

If not appointed, I wish my application to be kept on file for five months after expired term vacancies are filled and I understand after that time a new application may be necessary.

Signature \_\_\_\_\_

The following questions are voluntary and intended to ensure the County Boards and Commissions represent a cross section of the community:

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

**The applicant acknowledges that he or she serves at the pleasure of the Board of Commissioners and can be removed by the Board without cause unless a particular term is established by federal or state statute.**

Signature \_\_\_\_\_

INGHAM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER