

APPLICATION FOR APPOINTMENT TO THE HENDERSON COUNTY BOARD OF SOCIAL SERVICES

Full Name: _____ Email: _____

Complete Street Address (Street Name if PO Box): _____

Complete Mailing Address (if different than above): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Position/Title: _____

If retired, former Place of Employment and Position/Title: _____

Are you a Henderson County resident? _____ Yes _____ No

Do you currently serve on a County Board or Committee? _____ Yes _____ No

Please list any appointed positions which you currently hold in Henderson County or any municipal government:

Educational background, special qualifications, related work experience, etc:

References: Please list the name and phone number of three Henderson County residents:

Name:	Phone Number/Contact Information:

CONFLICT OF INTEREST DISCLOSURE

Full Name of Spouse (if married): _____

Spouse's Place of Employment of Business Affiliation: _____

Spouse's Position/Title: _____

Please list all entities (including corporations, partnerships, associations, or other private, public and nonprofit organizations) of which you or your spouse are an officer, director, trustee, partner or employee, or have at least a 5 percent (5%) ownership interest and describe your affiliation with such entity (if none, state "None"):

Do you (or your spouse, employer, or business entity with which you are at least a five percent (5%) beneficial owner or an officer or employee) stand to have a financial interest resultant from your participation on the Henderson County Board of Social Services? (Financial interests could include contractual arrangements, grants, vendor/contractual arrangements, etc.). If yes, please describe.

By submitting this Application for Appointment, I pledge that, if appointed, I agree by my signature below that all of the information above is complete and accurate to the best of my knowledge and I pledge to comply with the Code of Ethics adopted by the Henderson County Board of Commissioners.

Applicant Signature: _____

Date: _____

Please return application to: Jerrie McFalls, Director HCDSS
Henderson County Department of Social Services
1200 Spartanburg Highway, Suite 300
Hendersonville, NC 28792
828-694-6308

* Application expires three (3) years from the date of application.
* Upon appointment, the information contained herein becomes a matter of public record per NC General Statute 132-1.