



## DOUGLAS COUNTY BOARD OF COMMISSIONERS

8700 Hospital Drive  
Douglasville, Georgia 30134  
Phone (770) 920-7266 ~ Fax (770) 920-7411  
lwatson@douglascountyga.gov

### APPLICATION FOR BOARDS, COMMITTEES, & AUTHORITIES

Applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

#### (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Which district do you live in? ☐ 1 ☐ 2 ☐ 3 ☐ 4

What Board, Committee, or Authority are you interested in serving?

\_\_\_\_\_

List any County Board, Committee, or Authority previously or currently serving.

\_\_\_\_\_

Have you ever been employed by Douglas County Board of Commissioners? ☐ Yes ☐ No

If yes, provide dates and position: \_\_\_\_\_

Please explain any previous experience with State or Local Government:

\_\_\_\_\_

\_\_\_\_\_

Are you presently employed? ☐ Yes ☐ No If yes, where? \_\_\_\_\_

May we contact your present employer? ☐ Yes ☐ No

Employer contact name and number: \_\_\_\_\_

Are you an owner or officer in any business or corporation? ☐ Yes ☐ No

If yes, please list the name and activity of the business or corporation:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, provide date(s) and details:

\_\_\_\_\_

\_\_\_\_\_

#### **Education**

Do you have a high school diploma or GED? ☐ Yes ☐ No If no, what is the highest grade completed? \_\_\_\_

Please list any College, Technical, University, and Graduate School Education and/or Specialized Training or Classes relevant to position.

\_\_\_\_\_

\_\_\_\_\_

### **Special Skills and Qualifications**

Briefly explain why you seek this appointment and summarize any relevant special skills and qualifications acquired from employment or other experience.

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List three personal references who are not related to you and are not previous employers:

Name	Address	Telephone	Relationship

*\*This application shall be submitted, along with a letter of interest to Lisa Watson, Douglas County Clerk, in person or via US Mail. Any additional information may be included on a separate page. Application must be received by close of business on deadline date to be considered.*

### **Applicant's Statement**

- I certify that the answers herein are true and complete to the best of my knowledge.
- I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an appointment decision. I understand that this application is not, and is not intended to be, a contract for employment.
- In the event of an appointment to any board, I understand that false or misleading information given in my application or interview(s) may result in removal of appointment. I also understand that I am required to abide by all rules and regulations of Douglas County.
- I agree for the Board of Commissioners to conduct a criminal history background check on me prior to appointment.
- I understand that this application will remain active for one (1) year for this position and/or any other positions for which I am qualified and/or interested. It is my responsibility to notify the Douglas County Clerk if I wish to be a candidate for any particular positions during the time period that my application is active.

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Signature of Applicant

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Date Signed