APPLICATION FORM FOR JONES COUNTY BOARD/COMMISSION

Please Return To:
Jones County Board of Supervisors, PO Box 109, Anamosa, IA 52205
Phone: (319) 462-2378 Fax: (319) 462-5815 Website: www.jonescountyiowa.org

Application For: ___________________________ (Board/Commission)

Date ____________________ Email Address _________________________
Name _______________________
Address _______________________
Phone Number _________________ Fax Number ________________________
Business Phone _________________ Cell Phone _________________________

This form assists the Board of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, and councils according to gender by January 1, 2012, and each year thereafter.

□ Female     □ Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The following questions will assist the Board of Supervisors in its selection.

■ How much time will you be willing to devote in this position?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

■ Interest in Appointment: Describe in detail why you are interested in serving on a county board or commission. Include information about your background that supports your interest.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

■ Contributions you feel you can make to the Board/Commission:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
■ Direction/role you perceive of this Board/Commission:

__________________________________________________________

__________________________________________________________

■ In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?

__________________________________________________________

__________________________________________________________

__________________________________________________________

■ Please provide two references who may be contacted on your qualifications for this position.

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I certify that there is nothing that would prohibit me from serving on this board or commission.

Signature ___________________________________________ Date ________________________________

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.