



Board Application for Appointment/ Reappointment

Contact Information

| | |
|----------------------------------|---|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |
| Appointment or Reappointment | <input type="checkbox"/> Appointment <input type="checkbox"/> Re- Appointment |
| Which Board Are You Applying For | |
| Are You Registered to Vote? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IF YOU ARE UP FOR RE-APPOINTMENT YOU ONLY HAVE TO FILL IN THE CONTACT INFORMATION INDICATED ABOVE, THE AGREEMENT SIGNATURE SECTION AND THE ACKNOWLEDGEMENT SECTION IN WHICH YOUR NAME AND INTEREST IN RE- APPOINTMENT WILL BE DISCUSSED AT THE COMMISSION MEETING PER NRS 241.033

Interests

Why are you interested in this position

Special Skills or Qualifications

If this Board/ Commission/ Committee calls for a specific type member, please indicate the position you are applying for:

Employment Experience/ Profession (a resume may be attached)

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Organization/ Community Experience

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Agreement and Signature

I understand the role and responsibility of membership on this board or commission and am willing to serve. If appointed, I will attend required meetings and training and will adhere to pertinent bylaws. I understand that some appointments require a Financial Disclosure Form to be submitted to the Nevada State Ethics Commission. I can certify, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Acknowledgment

ACKNOWLEDGMENT

I understand that my interest in Appointment/ Re-Appointment to the _____
(Board or Commission)
will be discussed at the Elko County Board of Commissioners meeting on **May 3, 2017** .

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

I waive any rights of notification as per NRS 241.033 by signing this acknowledgment.

Application

APPLICATION WILL BE RETAINED FOR TWO YEARS

PLEASE RETURN APPLICATION TO:

Elko County Manager's Office
Attention: Michele Petty or Shyann Edgar
540 Court Street, Suite 101, Elko Nevada 89801
Phone: (775) 738-5398
Fax: (775) 738-8535