

APPLICATION FORM FOR CASS COUNTY BOARD/COMMISSION

Please Return To:

Cass County Board of Supervisors

c/o Cass County Auditor, Courthouse, 5 West 7th Street, Atlantic, IA 50022

Phone: (712) 243-4570 Fax: (712) 243-4572 Website: casscountyiowa.us Email: auditor@casscoia.us

Application for: _____ **(Board/Commission)**

Date _____ **E-mail 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 current employment and position:

Please provide two references

Name	Address	Phone number	Email address	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.