



State of North Carolina
County of Gates

Date Received _____

APPLICATION FOR APPOINTMENT TO: AUTHORITIES, BOARDS, COMMISSIONS, and COMMITTEES

Note: All information on this document will be released to the public on request.

Name: _____

Home Phone Number: _____ Home Fax Number: _____

Email Address: _____

Home Address: _____
street city state zip

Mailing Address: _____

Are you a full-time resident of Gates County? Yes _____ No _____

Do you live within any corporate or town limits? Yes _____ No _____ Which: _____

Employer: _____

Business Address: _____
street city state zip

Business Phone Number: _____ Business Fax: _____

Names of Authority/Board/Commission/Committee you are interested in:

Qualification for specific category: _____

Name of any Gates County Board/Commission/Committee on which you presently serve:

If reapplying for a position you presently hold, how long have you served? _____

Based on your qualifications and experiences, briefly describe why your services on this Authority/Board/Commission/Committee would be beneficial to the County:

Do you have any delinquent Gates County taxes? Yes _____ No _____

Other information that may be pertinent to your appointment:

- Education (School – Degree – Diploma): _____

- Occupational Background/Status: _____
- Civic Membership(s): _____
- Related Work Experience: _____
- Known or Potential Conflicts of Interest: _____
- Etc.: _____

(If necessary, you may add additional pages – Check here if additional pages are added: _____)

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Date: _____ Applicant's Signature: _____

Return application to: Clerk to the Board of County Commissioners

Gates County Manager's Office

Post Office Box 148

Gatesville, North Carolina 27938

Fax: (252) 357-0073