

## APPLICATION FOR PINAL COUNTY BOARDS, COMMITTEES AND COMMISSIONS

*All information submitted in an application for appointment to any County Board, Committee or Commission is public record and is subject to disclosure in response to a public records request.*

Fill in the Board/Committee/Commission that you wish to be considered for:	<b>Transportation Advisory Committee</b>
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### Personal Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				
	Last Name	First Name	Middle	Jr/Sr/II
Home Phone	Mobile Phone	Email		
Address (Street/ Apt #)		City	<b>AZ</b>	Zip
Mailing Address (If different from above)				
Address (P.O. Box #)		City	State	Zip

### Employer Information

Employer	Profession	Number Years	
Address	City	State	Zip
Work Phone	Fax Number	Work Email	

### Additional Information

How long have you lived in Pinal County? _____ years	Are you registered to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you registered to vote at your current address? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, list address where you are registered			
Address	City	State	Zip
Have you ever been convicted of a misdemeanor or felony (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (including military trial conviction)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:			

**Previous employment:** (List employer, job title, and dates only)

**Civic participation:** (Clubs, offices held, etc.)

**Other Information:**

**I am interested in serving and/or am qualified to serve on the Board, Committee, or Commission because:**

I understand that I must have resided in Pinal County for at least one year, that I must be a registered voter, and that my appointment to the Board, Committee or Commission will be based on the information submitted above. I further understand that, if appointed, that two or more consecutive un-excused absences from regular meetings shall be cause for removal.

\_\_\_\_\_                      \_\_\_\_\_  
 Date                                      Signature of Applicant

OFFICIAL USE ONLY	
STATUS:	<input type="checkbox"/> APPOINTED <input type="checkbox"/> REAPPOINTED
DATE APPOINTED:	_____
TERM EXTENDS THROUGH:	_____
DATE NOTIFIED:	_____