



# APPLICATION FOR APPOINTMENTS TO BOARDS, COMMISSIONS & AGENCIES OF ISABELLA COUNTY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Email address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Commissioner's District # \_\_\_\_\_

**Please state, in order of preference, Committees or Commissions you are applying for:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please state reason(s) for interest in above area(s):**

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**BACKGROUND:**

**Education and/or training:** \_\_\_\_\_

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**Previous civic or governmental involvement:**

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**What skills, talents, and abilities will you bring to this position?**

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**Other information you feel would be valuable in the review of your application:**

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**Please list THREE references who have knowledge of your work ethic, experience and ability and your resume. (Please do not use currently elected County Commissioners as references)**

I am an incumbent: please use references currently on file.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**\* Applications must be complete to be considered \***

**ISABELLA COUNTY COMMISSION PROCEDURES FOR FILLING BOARDS AND COMMISSIONS:**

1. Announcements of openings on Boards and Commissions will be posted online at [www.isabellacounty.org](http://www.isabellacounty.org).
2. Board members may, at their choosing, contact applicants prior to the Board meeting in order to more effectively assess applicant qualification.
3. At the Board meeting applicants may be nominated by any County Commissioner.
4. If there are multiple applicants nominated for the same position, a majority vote of members of the County Commission, present and voting, is required for appointment. If no candidate received a majority on the first vote, a second vote will be held. If after the second vote no candidate receives a majority of votes, the lowest vote getter will be dropped from consideration. This procedure will continue until one candidate receives a majority of the votes cast.
5. Applicants must reside in Isabella County.

**Return applications to the County Administrator’s Office, 200 North Main Street, Mount Pleasant, Michigan 48858 or by email to [admin@isabellacounty.org](mailto:admin@isabellacounty.org). Questions please call: (989) 317-4054**