

# APPLICATION

## PUTNAM COUNTY BOARDS OR COMMISSIONS

1. DATE SUBMITTED	RETURN TO: Putnam County Development Authority, Inc. P.O. Box 167 Scott Depot, West Virginia 25560 Phone: 304-757-0318 Fax: 304-757-7748
2. APPLICANT INFORMATION	
Name:	Social Security Number:
Address (give city, county, state, and zip code):	Telephone Numbers/Email: Home Phone: Business Phone: Fax: E-mail:
3. CHECK MAGISTERIAL DISTRICT YOU RESIDE IN: <input type="checkbox"/> BUFFALO <input type="checkbox"/> CURRY <input type="checkbox"/> POCA <input type="checkbox"/> SCOTT <input type="checkbox"/> TEAYS	
4. WHICH BOARD, COMMISSION OR COMMITTEE ARE YOU INTERESTED IN SERVING ON?	
5. ARE YOU NOW EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. OCCUPATION:
7. NAME OF EMPLOYER:	
8. ON WHAT DATE WOULD YOU BE AVAILABLE TO SERVE?	
9. HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR, EXCLUDING TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN AND LIST:	
10. VETERAN OF U.S. MILITARY SERVICE? ESTIMATED FUNDING: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BRANCH?	
11. GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS:	
12. EDUCATION:	
13. EMPLOYMENT EXPERIENCE	
14. LIST ANY COMMITTEES OR BOARDS YOU ARE NOW OR HAVE PREVIOUSLY SERVED ON:	
15. AGREEMENT I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.	
16. HAVE YOU COMPLETED THE AUTHORIZATION FOR BACKGROUND INVESTIGATION ON THE FOLLOWING PAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. SIGNATURE	17. DATE SIGNED

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# Putnam County Commission

3389 Winfield Road  
Winfield, West Virginia 25213  
Phone: 304-586-0201  
Fax: 304-586-0239

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**TO WHOM IT MAY CONCERN**

I, \_\_\_\_\_,

Hereby authorize and give the Putnam County Commission permission to do an in-depth background  
Investigation.

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

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

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