



**IREDELL COUNTY BOARD OF COMMISSIONERS
2019 APPLICATION FOR BOARDS/COMMISSIONS**

Office Use Only

Date Received: _____

Date Application Expires: _____
(Applications are retained for 180 days)

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL ADDRESS _____

1. COMMITTEES OF INTEREST

ICATS, Transportation Advisory Board

2. PLEASE DESCRIBE YOUR BACKGROUND, EXPERIENCE, EDUCATION OR TRAINING (WORK AND/OR LIFE EXPERIENCE) THAT RELATES TO YOUR INTEREST IN COUNTY GOVERNMENT.

3. OCCUPATION _____ EMPLOYER _____

4. ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED ON A PUBLIC BOARD OR COMMISSION? _____

IF SO, PLEASE LIST BELOW.

(BOARD)

(DATES)

5. PLEASE EXPLAIN ANY ANTICIPATED CONFLICT OF INTEREST OR SCHEDULING DIFFICULTIES YOU MAY HAVE, IF APPOINTED

6. NUMBER OF YEARS LIVING IN IREDELL COUNTY _____

(Applicants may attach a resume' or additional information about your interests for the Board of Commissioners to consider.)

Please return to ICATS Office by:
Email: icatsfeedback@co.iredell.nc.us
Mail: 2611 Ebony Circle
Statesville NC, 28625