## APPLICATIONS MUST BE RETURNED TO COUNTY OFFICE BUILDING AT 190 BEECH STREET SUITE 201, GATE CITY, VIRGINIA 24251 BY 12:00 Noon, Tuesday,

## one week prior to any regular Board of Supervisors' Meeting

## **Revised 11-10-09**

## APPLICATION FOR APPOINTMENT

Appointment Applied for								
NAME			PHONE:					
(Last) (First)		(Middle) EMAIL						
(Street or Box) Do you own your home?				r real estate?				
List any relatives employed b	y any depart	ments or aş	gencies of Sco	tt County:				
(Name)		(Relationship)			(F	(Position)		
(Name)		(Relationship)			(]	(Position)		
(Name)	(Relationship)			(1	(Position)			
Have you ever been convicte If so, state conviction, date, a		court:						
School		RECORD OF EDUCATION City/State Grade		Grade/Degree C	Completed	eted Graduate		
					<b>.</b>	Yes	No	
(Elem)								
(High)								
(College)								
(Other)								
Name and Address of Emplo How long employed?  List all Governmental Boards Name of Board or Commission	s and Commi		Job Title	e served:	<u> </u>	es of Servic		
Please state (in space provide serve on the Board or Comm				necessary) what you	feel are yo	ur qualifica	ntions to	
PERSONAL REFERENCES: Name		Address			Phone No.			
				(Signature)			(Date)	

Return completed application to the **County Offices, 190 Beech Street, Suite 201, Gate City, VA 24251**.Fax No. – 276-386-9198