

# BERRIEN COUNTY

Application to fill a vacancy on the Berrien County Board of Commissioners



Application #:

(County Use Only)

## APPLICANT INFORMATION

Name				Occupation/Profession			
Street Address							
City			State			ZIP	
Home Phone			Work Phone				
Cell Phone				Email Address			
Applying for Vacancy in Commissioner District #:							
How long have you resided in that Commissioner District?							
Are you a registered voter in the Berrien County Commissioner district you are applying for?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Is Berrien County currently your permanent home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Board of Commissioner meetings are typically held from 8:30 a.m. – 12:00 p.m. every Thursday all year long. Do you know of any reason you cannot attend these meetings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

## ADDITIONAL INFORMATION

*Why would you like to be appointed?*

*What skills would you bring to this position? (i.e., education, certifications, life skills)*

*List membership or participation on other governmental committees, boards, or community organizations, etc.*

## SIGNATURE

Signature

Date

## CONTACT INFORMATION

Please complete this form in its entirety and return it with any additional information to County Administration, Berrien County Administration Center, 701 Main Street, St. Joseph, MI 49085, Fax: (269) 983-5788, or Email: akrieger@berriencounty.org. If additional space is necessary, please attach additional sheets. If you have any questions, please call (269) 983-7111, ext. 8095. Please note the deadline for the application is: Tuesday, May 10, 2022 at 5:00 p.m.



**BERRIEN COUNTY  
CONSENT TO RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of Berrien County bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, credit, criminal background, or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of Berrien County. I hereby release you, the institution or establishment which you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I also hereby waive my right to notice of such disclosure under the Bullard-Plawecki Employee Right to Know Act, or any similar statute of another state. I authorize this release to be delivered by facsimile copy.

A photocopy or electronic copy of this Consent to Release of Information is as valid as and is to have the same effect as an original of this document. Should there be any question as to the validity of this release, you may contact me as indicated below.

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

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

\_\_\_\_\_

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

*Signature*