

**APPLICATION TO THE BLACK HAWK COUNTY BOARD OF SUPERVISORS
FOR THE POSITION OF BOARD OF HEALTH COMMISSIONER**

(PLEASE PRINT) Please return by 4pm., November 20, 2009

Date of Application			
Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone/Fax Number(s):		Social Security Number:	

Have you ever filed an application with Black Hawk County before? Yes No If yes, give date: _____

Have you ever been employed by Black Hawk County before? Yes No If yes, give date: _____

Are you currently employed? Yes No

COMMUNITY ACTIVITIES

Describe any experience or knowledge of state health laws and rules.

WORK EXPERIENCE

Start with your present or last job.

<p>1. Employer:</p> <p>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Address: _____ Phone : () _____</p> <hr/> <p>Supervisor: Employment Dates: _____ to _____</p> <hr/> <p>Job Title: Salary: Starting _____ Final _____</p> <hr/> <p>Reason for Leaving:</p>	<p>Work Performed:</p>
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OVER

2. Employer: May we contact? ___ Yes ___ No	Work Performed:
Address: _____ Phone: () _____	
Supervisor: Employment Dates: _____ to _____	
Job Title: Salary: Starting _____ Final _____	
Reason for Leaving:	

Specialized knowledge of public finance and government structure.
Describe any specialized training or skills/special talents or abilities.

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Why do you wish to serve on this commission?

APPLICANT'S STATEMENT

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 as may be necessary in arriving at a decision.

Signature of Applicant

Date