



**County Board Member Application**

Full Name: \_\_\_\_\_ Last 4 digits  
Social Security Number:\* \_\_\_\_\_  
First Middle Last

Driver's License #:\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
*\* Required for background checks only.*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. Citizen? Yes  No  I am a permanent resident of \_\_\_\_\_ County.

What is your political affiliation? \_\_\_\_\_

Please list all elected offices that you have held or are currently holding (including precinct delegate):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: The Social Welfare Law prohibits a board member from holding an elective office.**

Do you have any previous government appointments? If so, please describe. Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold any professional licenses? Yes  No  If yes, please include type and license number(s).

Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Type: \_\_\_\_\_ License Number: \_\_\_\_\_

List any contractual or commercial transactions (personal or professional) that you are involved in with the State of Michigan.

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List your experiences in Health and Human Services, including volunteer services, work related experience, board memberships, committees, task forces, etc.

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Briefly describe your thoughts regarding government's role in providing Health and Human Services, including financial assistance and social services support.

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Please provide any information that you feel might be a possible conflict with your responsibilities as a Board Member and/or could have a negative impact on the department.

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Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If yes, please explain? Yes  No

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Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please provide details. Yes  No

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Have you ever been convicted of, or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Michigan offenses of operating under the influence of alcohol, operating while impaired, reckless driving or the equivalent offenses in other states.) If yes, please explain. Yes  No

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Are you now under charges for any violation of law? If yes, please provide details. Yes  No

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Why do you want to serve on the \_\_\_\_\_ County MDHHS Board?

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Additional comments you wish to share. (Use additional sheets, if necessary.)

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**CERTIFICATION AND CONSENT FOR BACKGROUND CHECK**

I, \_\_\_\_\_(please print name), certify that all statements and representations provided in this statement and on accompanying materials and resume are, to the best of my knowledge, true and accurate and the release of information by my employer(s), schools, law enforcement agencies, and other individuals and organizations. I authorize the Michigan Department of Health and Human Services to investigate, at its discretion, my past record of employment. I further freely give my complete authorization for the Michigan Department of Health and Human Services to make such further investigations as it deems proper with respect to my experience, reputation, integrity, discretion and character and to verify in any way such information received in the course of their investigation.

I consent to the use of the information provided below to conduct a background search, including the use of my social security number to access existing criminal records and other publicly available information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to:  
**Michigan Department of Health and Human Services**  
**Sr. Deputy Director's Office**  
**235 S. Grand Ave. Suite 1415**  
**Lansing, MI 48909**