APPLICATION FORM FOR POCAHONTAS COUNTY BOARD/COMMISSION

Please Return To:

Pocahontas County Board of Supervisors, 99 Court Sq, Ste 7, Pocahontas, IA 50574 Phone: 712.335.3361- Website: www.pocahontascounty.iowa.gov

Application For:		(Board/Commission)
Date	E-mail Address	
Name		
Address		
Cell Phone		
The following questions v	vill assist the Board of Supervisors in its	s selection.
1. Place of employment a qualify you for this po	_	obbies, volunteer work, etc. that you feel ma
	nt: Describe in detail why you are intere information about your background that	
3. In lieu of/in addition Supervisors in its selection		ments to add that may assist the Board of

Please provide two references who may be contacted on your qualifications for this position.					
Vame	Address	Phone Number	Email Address	Relationship	
		of a felony? YES			
certify that the	here is nothing that we	ould prohibit me from serving	on this board or commissi	on.	
Signature		Date			
equest. Your	application will be re	etained and may be considered	for the same board for up	to one year.	
Date Consider	e Only: ed: Yes No				