

# BOARD OF DEFIANCE COUNTY COMMISSIONERS

500 Court Street, Suite A Defiance, Ohio 43512

Phone: 419-782-4761 Fax: 419-782-8449

commissioners@defiance-county.com

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## County Commissioners' Appointment Application

**BOARD APPLYING FOR:** \_\_\_\_\_

NAME ( First, Last) \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Home/Cell/Business Telephone \_\_\_\_\_

How long have you been a resident of Defiance County? \_\_\_\_\_

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### EDUCATION

High School Graduate \_\_\_\_\_ Technical School \_\_\_\_\_ College \_\_\_\_\_

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### EMPLOYMENT INFORMATION

Name/Address of Current Employer \_\_\_\_\_

Occupation: \_\_\_\_\_  
(If retired, please give former occupation noting you are not retired)

What are your usual working hours? \_\_\_\_\_

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Have you ever served on a Board before, County or otherwise? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where? \_\_\_\_\_

Please describe any past or present employment, education, community service or volunteer work that would assist you on this board:

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

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Are you aware of any circumstances that exist or could exist that would create a conflict of interest or the appearance of a conflict of interest if you are appointed to this board? YES \_\_\_ NO \_\_\_

If yes, please explain:

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Please state your reasons for wanting to serve on this board. Highlight specialized interest or experiences that you feel would make you qualified for serving. Include any other information that you feel would be of importance to the commissioners in the selection process:

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### **CURRENT BOARD MEMBERS SEEKING RE-APPOINTMENT:**

If you are seeking re-appointment, please indicate what your contributions have been to the committee/commission during the time of your service and your meeting attendance history below:

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I certify that the statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements will void this application and any action based upon it. If appointed, I understand and agree that all information contained in this application can be made public.

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Signature

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Date

**Please return application and/or resume to:**

Defiance County Commissioners Attn: Stephanie Metz, Clerk

500 Court St., Suite A Defiance, OH 43512

Or Email to: [commissioners@defiance-county.com](mailto:commissioners@defiance-county.com)