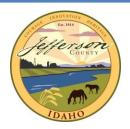
## JEFFERSON COUNTY, IDAHO



## **County Commissioners**

210 Courthouse Way, Suite 230 Rigby, Idaho 83442 (208) 745-9222

## **Application for Appointment**

Thank you for your interest in applying to one of Jefferson County's Ambulance District Board of Commissioners. Please fill out this form and attach your resume along with any other supporting materials to describe your qualifications to serve on the Ambulance District Commission.

First Name	::	Last Name:		
Address: _			City:	
State:	Zip Code:	Email:		
Phone Nun	nber:			
How long l	have you lived at your c	current residence?		
What Subd	listrict do you reside in?	?:		
Current Oc	cupation:			
any convic	tions that have been sea	aled, expunged, or legally	y or a misdemeanor? (Do not include y eradicated)? Yes □ No □	
Are you cu	, , ,		lected capacity? Yes □ No □	
board or co	ommission, or with any p with the board or com	organization which has	s serve in any elected office, on any or may have any connection or applying? Yes \( \square \) No \( \square \)	
J , F	r · · · · · · · · · · · · · · · · · · ·			

<del></del>		
	<del>-</del>	s or experience which you possess and which you which you are applying: (attach additional sheets if
District Board?	_	serving as a Commissioner on the Ambulance
REFERENCES	)	
-		to you, whom you have known for over 3 years:
Reference 1:		
	Address:	
		Years Known:
		V V
		Years Known:
	Occudation:	
Reference 3:	Name:	
Reference 3:	Name:Address:	