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 Number: _____

How long have you lived at your current residence? _____

What Subdistrict do you reside in?: _____

Current Occupation: _____

Within the past 7 years have you been convicted of a felony or a misdemeanor? (Do not include any convictions that have been sealed, expunged, or legally eradicated)? Yes ☐ No ☐
If yes, please explain:_____

_____

_____

PUBLIC/CIVIC LEADERSHIP INFORMATION

Are you currently or have you previously served as in an elected capacity? Yes ☐ No ☐
If yes, please explain: _____

_____

_____

Do you or any of your close family or business connections serve in any elected office, on any board or commission, or with any organization which has or may have any connection or relationship with the board or commission for which you are applying? Yes ☐ No ☐
If yes, please explain: _____

_____

_____

What do you believe is the role of the Commission/Board for which you are applying?

_____

_____

_____

_____

Please indicate education, skills, qualifications or experience which you possess and which you feel are related to the Commission/Board for which you are applying: (attach additional sheets if needed).

_____

_____

_____

_____

_____

What do you hope to accomplish as a result of serving as a Commissioner on the Ambulance District Board?

_____

_____

_____

_____

_____

REFERENCES

Please give the names of three people, not related to you, whom you have known for over 3 years:

Reference 1: Name: _____
Address: _____
Phone Number: _____ Years Known: _____
Occupation: _____

Reference 2: Name: _____
Address: _____
Phone Number: _____ Years Known: _____
Occupation: _____

Reference 3: Name: _____
Address: _____
Phone Number: _____ Years Known: _____
Occupation: _____