



**Michigan Department of Human Services
County Board Member Application**

Name: _____ Social Security Number:* _____

Driver's License #:* _____ Date of Birth* _____

** Required for background checks only.*

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

Are you a U.S. Citizen? Yes No

Are you a permanent resident of _____ County? Yes No

What political activity are you involved in?

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 any agency of the State of Michigan.

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

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

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.

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

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

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

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

Why do you want to serve on the _____ County DHS Board?

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

Applicant's signature

Date

Please return this form to:
DHS Field Operations Administration
235 S. Grand Ave., Suite 1508
P.O. Box 30037
Lansing, MI 48909