



**City of Liberty**  
**206 West Front Street**  
**P.O. Box 716**  
**Liberty, SC 29657**  
**(864) 843-3177**  
**(864) 843-9400**

**APPLICATION FOR CONSIDERATION OF APPOINTMENTS  
TO BOARDS AND COMMISSIONS**

Applicant must live inside town limits.

This application must be filled out by the applicant.

APPLICATION FOR: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

DATE APPLICATION: \_\_\_\_\_

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT INFO: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

**EDUCATION:**

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

**CURRENT EMPLOYMENT:**

FIRM: \_\_\_\_\_ POSITION: \_\_\_\_\_

Name \_\_\_\_\_

**HOW DID YOU HEAR OF POSITION?**

Newspaper: \_\_\_\_\_

Web-Page \_\_\_\_\_

Town Hall Bulletin Board: \_\_\_\_\_

Other: \_\_\_\_\_

Personal Referral: \_\_\_\_\_

**PROFESSIONAL ORGANIZATIONS:**

MEMBERSHIP: \_\_\_\_\_ POSITION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MEMBERSHIP: \_\_\_\_\_ POSITION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**CIVIC ORGANIZATIONS:**

POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**ARE YOU RELATED TO A CITY EMPLOYEE OR ELECTED OFFICIAL?**

\_\_\_\_\_

If yes, who \_\_\_\_\_

**OTHER PERSONAL INFORMATION:**

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

PLEASE RETURN THE COMPLETED APPLICATION TO:

CITY ADMINISTRATOR

CITY OF LIBERTY

P.O. BOX 716 LIBERTY, SC 29657