APPLICATION FOR COMMITTEE APPOINTMENT

MEDINA COUNTY
144 N. Broadway Street
Medina, Ohio 44256

COMMITTEE/BOARD/COMMISSION APPLYING FOR: _____

NAME OF CANDIDATE: _____
First Middle Initial Last

ADDRESS: _____
Street City State Zip Code

TELEPHONE: ___-___-_____ ___-___-_____ EMAIL: _____
Work Home/Cell

Are you related to any current employee of the County? ☐ No ☐ Yes
If yes, give name and position _____

Are you an elected or appointed public official? ☐ No ☐ Yes
If yes, please specify: _____

Have you ever been convicted of a violation of any law, other than minor traffic *(DUI convictions must be disclosed)*? ☐ No ☐ Yes *(if yes, please specify)*

_____

_____

EDUCATION:

High School: _____ Date of Graduation: _____
Post High School Education:

_____

_____

MILITARY HISTORY:

Branch of Service: _____ Discharge Date: _____
Type of Discharge: _____ Highest Rank: _____

EMPLOYMENT HISTORY:

Present or last employer: _____
Dates of employment: from ___/___/____ to ___/___/____
Your title & duties:

_____

_____

Previous employment:

_____ ___/___/____ ___/___/____
Company Position From To:

_____ ___/___/____ ___/___/____
Company Position From To:

REFERENCES *(List three people not related to you who have definite knowledge of your qualifications for this position)***:**

Name	Address	Telephone #

STATEMENT: *Please provide a brief statement why you feel you are qualified for this appointment. If you are seeking reappointment, please indicate what your contributions have been to the Committee/Board/Commission during the time of your service.*

I certify that the statements made by me 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 actions based on it. My signature below authorizes the Medina County Board of Commissioners, or its agents, to verify the accuracy of this information including employment and education verification.

Signature of Applicant: _____

Date: _____

Declaration Requirement

I, _____, as a duly appointed Board Member of the Medina County Board of Developmental Disabilities (MCBDD), declare that there is no circumstance described in sections 5126.023 and 5126.024 of the Ohio Revised Code that exists that bars me from serving on the county board and that neither myself, nor any immediate family member of mine has an ownership interest in or is under contract with an agency contracting with the county board; and, if such an ownership interest or contract existed, I would identify the agency and the nature of the relationship with that agency to the MCBDD.

5126.023 Persons who may not serve on a county board of developmental disabilities.

None of the following individuals may serve as a member of a county board of developmental disabilities:

(A) An elected public official, except for a township trustee, township fiscal officer, or individual excluded from the definition of public official or employee in division (B) of section 102.01 of the Revised Code;

(B) An immediate family member of a member of the same county board;

(C) An employee of any county board;

(D) An immediate family member of an employee of the same county board;

(E) A former employee of a county board whose employment ceased less than four calendar years before the former employee would begin to serve as a member of the same county board;

(F) A former employee of a county board whose employment ceased less than two years before the former employee would begin to serve as a member of a different county board;

(G) Unless there is no conflict of interest, an individual who or whose immediate family member is a board member of an agency licensed or certified by the department of developmental disabilities to provide services to individuals with developmental disabilities or an individual who or whose immediate family member is an employee of such an agency;

(H) An individual with an immediate family member who serves as a county commissioner of a county served by the county board unless the individual was a member of the county board before October 31, 1980.

5126.024 Declaration of eligibility prior to appointment to board.

(A) No individual may be appointed or reappointed to a county board of developmental disabilities unless the individual, before the appointment or reappointment, provides to the appointing authority a written declaration specifying both of the following:

(1) That no circumstance described in section 5126.023 of the Revised Code exists that bars the individual from serving on the county board;

(2) Whether the individual or an immediate family member of the individual has an ownership interest in or is under contract with an agency contracting with the county board, and, if such an ownership interest or contract exists, the identity of the agency and the nature of the relationship to that agency.

(B) On appointment or reappointment of an individual to the county board, the appointing authority shall provide a copy of the individual's declaration to the superintendent of the county board. The declaration is a public record for the purpose of section 149.43 of the Revised Code.

Amended by 128th General Assemblych.127, SB 79, §2, eff. 10/6/2009.

I certify that the statements made by me 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 actions based on it. My signature below authorizes the Medina County Board of Commissioners, or its agents, to verify the accuracy of this information.

Signature of Applicant: _____ Date: _____

Please return completed application to the Medina County Commissioners' Office via email at rbeck@medinacounty.gov or in-person to, 144 N. Broadway St., Medina, Room 201.