

Macoupin County Public Health Department
Board of Health | Health Center Board
Application for Board Membership

I. Identifying Information	
Date:	
Name:	
<i>(First Name)</i>	<i>(Middle Name)</i>
<i>(Last Name)</i>	
Date of Birth: ____/____/____	Place of Birth: _____
II. Home Address	
Street:	
P.O. Box:	
City:	State:
Zip Code:	
Home Phone:	Cell Phone:
E-Mail Address:	
III. Work Address	
Street:	
P.O. Box:	
City:	State:
Zip Code:	
Telephone:	Fax:
E-Mail Address:	
IV. Occupation	
Employer (If Retired, Please List Previous Occupation):	
How long have you been in your present occupation?	
Years	Months
V. Educational Background	
Please briefly describe your educational background. Include dates/institutions attended, degrees/diplomas awarded, honors and recognition received, etc.	

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VI. Affirmation of Accuracy and Completeness

I understand I have the responsibility for producing adequate information for proper evaluation of my qualifications to serve as an MCPHD Board Member, and for addressing any concerns about such qualifications. I understand that a condition of this application is that any misrepresentation or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and it shall not be processed any further. I affirm that information provided in, or attached to, this application is correct, complete and honest.

(Signature)

(Date)

VII. Supplemental Documents

Please attach a current Curriculum Vitae or Professional Resume to this Application.