APPLICATION FORM FOR WOODBURY COUNTY BOARD/COMMISSION

Please Return To:

Woodbury County Board of Supervisors, Room 104, Woodbury County Courthouse, 620 Douglas St., Sioux City, Iowa 51101

Phone: (712) 279-6525 Fax: (712) 279-279-6577 Website: http://woodburyiowa.com Application For: CTUIL SERVICE BOARD (Board/Commission) E-mail Address CILISON 4140 @ MSN, COM Name Kicha Phone Number 7/2 Fax Number Cell Phone **Business Phone** This form assists the Board of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, and councils according to gender by January 1, 2012, and each year thereafter. **□**Female **M**Male Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position): FORMER CORRECTION AL OFFICER FOR WOOD BURY COUNTYO FORMER VICE PRESTORAT OF WOODBURY CO. DSPUTY ASSOCIATION. The following questions will assist the Board of Supervisors in its selection. How much time will you be willing to devote in this position? FULL TIME, RECENTLY RETTRED. ■ Interest in Appointment: Describe in detail why you are interested in serving on a county board or commission. Include information about your background that supports your interest. KNOWLEDGE OF SHEATER DEATS POLICY AND PROCEDURES. SERVENU IN THE BEST INTEREST OF THE SHERTERS DEPUTY'S OF WOODBURY COUNTY GENERAL KNOWLERGS OF FOWA CODS. Contributions you feel you can make to the Board/Commission: EXPERIENCE, KNOWLEDGE, COMMITTED,

■ Direction/role you perceive of	this Board/Commission	:	
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THIS COMMESTO MIRING AND PRO	MOTFONAL PA	ROCEDURE (OF DEPUTY
SHERIFFS		144-h	***************************************
■ In lieu of/in addition to the a	bove, do you have any	comments to add tha	at may assist the Board of
Supervisors in its selection?			
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MY EXPERTENCE	IN THE V	ARTOUS DE	PARTMENTS
AS A RETTRED W MY EXPERTENCE WOULD BE BEA	DEFICIAL	TO THE CO.	MMISSIAN
Please provide two references	who may be contacted o	n your qualifications	for this position.
Name Address	Phone number	Email address	Relationship
ALAN SHENKUMIS	259-3289		CO WORKER
TROY MENIGA MARY FEILER	<u>898-6893</u>		CO WORKER
MARY FEILER	25> ~875~/	•	CowoRKEK
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I certify that there is nothing that wou	ld prohibit me from serving	on this board or commis	sion.
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Signature Richard &	llison Date	· 8/23/	2018

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND
DISTRIBUTED FOR THE PUBLIC.