

APPOINTED OFFICIALS APPLICATION

Name:	
Address:	
Phone Number:	
Email Address:	
Occupation:	
Years living at current residence: Years as West Columbia resident:	
Are you a current resident of West Columbia?	
Are you currently a registered voter?	
Community Organization Involvement:	
Professional Experience:	

Academic Background:				
Additional Information:				
☐ I understand that the City will require a South Ca	arolina SLED background check, Lackno	wledge that		
such investigations may be made, and that appointment is contingent upon the results of such checks.				
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Signature:				
Printed Name:	Date:			