

CLACKAMAS COUNTY APPLICATION FOR COMMISSIONER SEAT #4

				DATE:	
Name:					
rtaino.	Last	First		N	<u>/</u> II
Address:					
	# and Street	С	ity	State	Zip
Phone #:	: Email:				
Date of Birth (mm/dd/yyy):					
REQUIRED QUESTIONS					
1. Are	you a citizen of the United States? Yes □ N	o 🗆			
2. Are you at least eighteen (18) years old or will be at time of appointment? Yes □ No □					
3. Have you been a resident of Clackamas County for a minimum of 12 months prior to the November 4, 2024 General Election? Yes □ No □					
4. Are y	you registered to vote in Clackamas County? Yes [□ No □			
☐ I understand that this role is a full-time commitment, including weekdays, evenings, weekends and holidays.					
☐ I understand that the Board is requesting a background check in order to be appointed, which may include national or state fingerprint records check. I will comply with this requirement.					
My signature affirms that I release from liability any employer, person, or employee supplying reference information regarding my previous employment. I also release Clackamas County from all liability which may result from making any investigation of information provided in the application materials. All information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from employment consideration.					
Applicant Signature				Dat	е

typed signatures will be accepted

EQUAL EMPLOYMENT OPPORTUNITYClackamas County is an Equal Opportunity Employer. All qualified persons will be considered without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, political affiliation, disability or any other factor unrelated to the essential functions of the job. If you wish to identify yourself as a qualified person with a disability under the Americans with Disabilities Act and would like to request an accommodation, please address the request to the