

**KERSHAW COUNTY GOVERNMENT  
BIOGRAPHICAL DATA SHEET FOR CONSIDERATION  
OF APPOINTMENT TO MEDICAL CENTER BOARD OF TRUSTEES**

**All applications must be in the Clerk to Council office by AUGUST 26, 2013, at 5:00 p.m. They must be returned to 515 Walnut Street in person or emailed to [merri.seigler@kershaw.sc.gov](mailto:merri.seigler@kershaw.sc.gov)**

Name: \_\_\_\_\_ Township \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Years Residing in Kershaw County: \_\_\_\_\_ In South Carolina: \_\_\_\_\_

Registered Voter in Kershaw County: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list contact information: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Normal working hours: \_\_\_\_\_

(Most meetings are scheduled for 5:30 pm or 7:00 pm; poor attendance can be reason for replacement.)

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No \_\_\_\_\_

Please give educational information (High School, College, Graduate School, etc.) \_\_\_\_\_

\_\_\_\_\_

List any information you feel pertinent to the position, if any: \_\_\_\_\_

\_\_\_\_\_

List any previous service to the County, State, City or other Boards or Commissions: \_\_\_\_\_

\_\_\_\_\_

(Attach additional information if needed.)

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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