



**APPLICATION FORM
for potential appointment as Spartanburg County Veterans Affairs Officer**

Name: _____

Mailing Address: _____

Street Address: _____

City: _____ SC Zip: _____

Telephone (Home): _____ (Office): _____

Fax: _____ E-Mail: _____

Are you a current registered voter in Spartanburg County? Yes _____ No _____

Voter Registration Number: _____ Senate District: _____ House District: _____

CURRENT EMPLOYMENT INFORMATION:

Occupation: _____

Employer: _____

Business Address: _____

City _____, SC Zip: _____

COMMUNITY SERVICE/CIVIC BACKGROUND INFORMATION:

PERSONAL/PROFESSIONAL INTEREST IN THIS BOARD OR COMMISSION:

Male: _____ Female: _____ Age Group: 20-40 _____ 40-60 _____ Over 60 _____

References (or attach letters of reference) _____

MILITARY BACKGROUND:

Branch of Service: _____ Dates of Service: _____

Rank: _____ MOS: _____

Describe briefly your military duties and Military Occupational Specialty: _____

Special Note: All former military applicants must submit a certified copy of their Member Copy of DD-214 with this application. DD-214's must be certified as a true copy by the County Veterans Affairs Officer. Military Retirees submit all DD-214's of their career periods.

Civilian and Military Education: Please submit copies of all High School Diplomas, College Degree Diplomas, Military Education Diplomas and Military Service School Diplomas you may have with this application.

(Please note: Copies of DD-214 and Diplomas will not be returned.)

Reference to any qualifications or experience you may have in Veterans Affairs or Social Work.

Please submit a complete Military and Civilian Biographical Summary and attach it to this application.

Ethnic Origin: _____

Signature: _____

Date: _____

RETURN COMPLETED APPLICATION TO:

**Spartanburg County Legislative Delegation Office
366 North Church Street, Room 1210
Spartanburg, South Carolina 29303**