APPLICATION FOR APPOINTMENT TO SPECIAL DISTRICTS WITH INSUFFICIENT CANDIDATES

RECEIVED

OCT 29 2018

Name of Board/Commission/Committee as listed on announcement	A RECREATION OF SUPERVISORS
Filing Period (as listed on the announcement):	BOARD OF GOPERVISORS
Type of Member:	Incumbent? Yes No
Name: GLOVER I	SEFFREY
Resident Address:	First
(Must be a resident of Nevada Co	ounty) Zin Code
Mailing Address	
Supervisorial District in which you reside: (This information is available from the Election Office at 265-1298). Phone Number: *(Indicate if unlisted number)	1 .
Time(s) available to attend meetings (days, evenings, etc.)	siness Hours
EXPERIENCE: A resume <u>may</u> be attached containing this and any of the Board in evaluating your application.	other information that would be helpful to
Education/Employment Experience:	
Community Experience and Affiliations:	TO THE SHIP OF THE
Other County Boards/Commissions/Committees on which you have	e served:
Other experience you feel would be helpful to the Board of Supervision	sors in making this annointment
REFERENCES: Please list two references with telephone numbers:	
BRE DESTRINE	
GARY DRISCOLL	
Applicants may be required by State Law and County Ordinance to part of the appointment process. The form can be viewed at	