

# Town of Holly Ridge

Post Office Box 145

Holly Ridge, North Carolina 28445

Telephone (910) 329-7081 Fax (910) 329-1593



## APPLICATION FOR APPOINTMENT TO TOWN BOARD OR COMMITTEE

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Which Board or Committee are you applying for? \_\_\_\_\_

Occupation/Qualifications: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you live within the corporate limits of Holly Ridge? \_\_\_\_\_

How long have you lived in the area? \_\_\_\_\_

Have you previously served on a Town Committee, if so please list which and when? \_\_\_\_\_

Are you presently serving on any local committees, commissions, associations, civic organizations or boards? If so, please list: \_\_\_\_\_

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

*The Town of Holly Ridge and the Town Council encourages your participation in governmental decisions. Some of our committee memberships are reserved for residents and the ETJ (Extra-Territorial Jurisdiction) areas but there are other committees you may qualify to serve on. Individuals are encouraged to serve on only one committee at a time. If you have an interest in serving on one of the various boards or committees, please complete this form and return it to the Town Clerk, Town Hall, 212 N. Dyson Street, PO BOX 145, Holly Ridge, NC 28445. Acceptance of appointment indicates that you are willing to attend meetings faithfully and are willing to make a conscientious commitment to contribute to the success of the committee.*

*Prior to appointment, criminal history will be conducted on all applicants.*

**NOTE:** This information may be used by the Town Council in making appointments to committees/positions. In the event you are appointed, it may be used as a basis for a news release to identify you to the community. Thank you.

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## AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

I am an applicant for one of the following positions (*circle the one that applies*), Town Committee / Counsel / Board / Volunteer / Town Employee, or Appointee position, with the Town of Holly Ridge. In order to determine my suitability for joining the Town, I understand that the Town of Holly Ridge, North Carolina must make a thorough investigation of my personal back ground. It is in the public's interest that all relevant information concerning my personal history be disclosed to the above agency.

Therefore; I, \_\_\_\_\_, DOB \_\_\_\_/\_\_\_\_/\_\_\_\_,  
Full Name (*include Maiden Name if applicable*)

Operator's License Number/State: \_\_\_\_\_, Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,

Race \_\_\_\_\_, Sex \_\_\_\_\_, do hereby request and authorize the Holly Ridge Police Department to produce and provide copies of any and all information to the authorized agent of the Town of Holly Ridge, NC regarding me whether of a privileged or a confidential nature.

Moreover, I hereby release the Town of Holly Ridge, NC from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it is related to my Town Committee, Counsel, Board, Volunteer, Employee, or Appointee position with the Town of Holly Ridge. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization request.

I further waive all right to inspect any information compiled in reference to my application for Town Committee, Boards and Appointments as allowed by law.

I hereby acknowledge that this authorization is valid for one (1) year or until the volunteer application or investigative process has been completed, whichever is later. I understand a National Criminal History Check, to include fingerprints, will be performed prior to my application being accepted for any board member, council member or volunteer position. I understand the National Criminal History Check may take some time to come back from the Federal Bureau of Investigations. I understand if any criminal history record is found during my background check, it will be the decision of the Town Manager to accept my application. A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

\_\_\_\_\_  
Applicant's Full Signature

\_\_\_\_\_  
Applicant's Full Printed Name

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

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**State of North Carolina**

**County of \_\_\_\_\_**

**Subscribed and sworn before me,**

**This the \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_**

\_\_\_\_\_  
**Notary Public and Seal**

\_\_\_\_\_  
**My Commission Expires**

*The Town of Holly Ridge is an equal opportunity provider & employer*

# AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with HOLLY RIDGE POLICE DEPARTMENT pursuant to NC ORDINANCES - STATE ONLY.

(Type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a HARD COPY of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

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Applicant's/Employee's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

This form must be maintained on file with the above named agency for one year. DO NOT MAIL THIS FORM OR A COPY OF THIS FORM TO THE STATE BUREAU OF INVESTIGATION.

**ORI # NC0670200 - HOLLY RIDGE POLICE DEPARTMENT**

**Check which purpose code ran for above applicant-**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> E04 - Canvasser                       | <input type="checkbox"/> E37 - Fire Department         | <input type="checkbox"/> E56 - City Employment |
| <input type="checkbox"/> E06 - Taxi License                    | <input type="checkbox"/> E45 - Massage Parlor          | <input type="checkbox"/> E69 - Volunteers      |
| <input type="checkbox"/> E07 - Pawnbroker                      | <input type="checkbox"/> E46 - Solicitor/Peddler       |  |
| <input type="checkbox"/> E08 - Precious Metals Business        | <input type="checkbox"/> E47 - Ice Cream Vendor        |  |
| <input type="checkbox"/> E22 - Adult Establishments            | <input type="checkbox"/> E48 - Wrecker Drivers Permit  |  |
| <input type="checkbox"/> E26 - Parks and Recreation Volunteers | <input type="checkbox"/> E50 - Game Rooms (Pool Halls) |  |