



## Jackson County Sports Complex Authority Application Form

Submit application AND resume to the County Clerk at [mspino@jacksongov.org](mailto:mspino@jacksongov.org) no later than **Thursday, July 18, 2024**. If needed, notaries are available in the Clerk's office by making an appointment on our website at [jacksongov.org/clerk](http://jacksongov.org/clerk).

### Personal Information

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

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

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

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

### Questionnaire:

Why are you interested in this position on the Jackson County Sports Complex Authority?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your State taxes paid:

YES \_\_\_\_\_ NO \_\_\_\_\_

Are your County taxes paid:

YES \_\_\_\_\_ NO \_\_\_\_\_

### Declaration:

By signing below, I affirm that the information provided in this application is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Notarization:

State of \_\_\_\_\_

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 2024, before me, a Notary Public in and for the said county and state, personally appeared the above-named applicant, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_