



Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed with the Governor's Office. Please refer to your nominating authority (County Legislative Delegation, County Council, City Council, etc.) for instructions on how to properly submit this form.

1] Your Name:

Dr./Mr./Mrs./Ms. Finley Susan Foote
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

Pickens County Board of Disabilities and Special Needs

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 2

904 Antioch Rd
Easley, SC 29640

4] Home Telephone: 0 5] Office Telephone: 864 644 5373 Fax: 864 644 - 5429

7] Mobile Telephone: 864-320-3111 8] Email Address: sfinley@swu.edu

9] Drivers License # 003126935 10] Social Security #: 240-11-7564

11] Voter Registration # 392072347 12] Date of Birth: 06/06/1987

13] Race: W

14] Sex: Male / Female

15] Level of Educational Background Completed:

- Some High School _____
- High School graduate or equivalence (G.E.D.) _____
- Some College _____
- College graduate yes
- Professional degree (please specify) Education

16] Present Employer Southern Wesleyan University

Address 617 Wesleyan Dr Central, SC 29630

Current Position Assistant Professor

17] Years of residence in South Carolina: 35 years

18] Have you ever been arrested for a crime other than a minor traffic violation? no If so, give details.*

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? no If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? no If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? no If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? no If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, Susan Finley, agree that, if I am appointed to the PCBDNS, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Susan Finley
Applicant's Signature

Sworn and subscribed before me this 24th day of February, Two Thousand and fifteen.

Alisha Thompson
Notary Public for South Carolina

My commission expires 7/20/2021