



BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586.469.5125 ~ Fax: 586.469.5993
www.macombBOC.com

NOTICE OF MEETING

There will be a meeting of the **BOARD OF COMMISSIONERS** on Thursday, April 14, 2016, **IMMEDIATELY FOLLOWING A MEETING OF THE FINANCE COMMITTEE WHICH BEGINS AT 9 A.M.**, on the 9th Floor of the County Administration Building, in the Commissioners' Board Room, Mount Clemens.

PRELIMINARY AGENDA

1. Correspondence from Executive

2. **APPOINTMENTS:**

County Executive with Board Concur

- a) **CIVIL SERVICE COMMISSION** (page 1)
1 vacancy; unexpired term ending December 31, 2020

(1 application is attached)

Board Appointment

- b) **COMMUNITY MENTAL HEALTH BOARD**
4 vacancies; 3 year terms upon appointment to March 31, 2019

(applications to be provided)

3. **COMMITTEE REPORTS:**

- a) Government Operations, April 12 (to be provided)
- b) Justice & Public Safety/Health & Human Services, April 13 (to be provided)
- c) Finance, April 14 (to be provided)

MACOMB COUNTY BOARD OF COMMISSIONERS

David J. Flynn – Board Chair
District 4

Kathy Tocco – Vice Chair
District 11

Steve Marino – Sergeant-At-Arms
District 10

Andrey Duzyj – District 1

Marvin Sauger – District 2

Veronica Klinefelt – District 3

Robert Mijac - District 5

James Carabelli – District 6

Don Brown – District 7

Kathy Vosburg – District 8

Fred Miller – District 9

Bob Smith – District 12

Joe Sabatini – District 13

4. Discussion and Vote on Compensation Ordinance for County Elected Officials and Board of Commissioners **(to be provided)**

A handwritten signature in cursive script that reads "Corinne Bedard".

**Corinne Bedard
Committee Reporter**



Macomb County Executive
Mark A. Hackel

Mark F. Deldin
Deputy County Executive

TO: Dave Flynn, Board Chair
FROM: Mark A. Hackel, County Executive
DATE: March 15, 2016
RE: **CIVIL SERVICE COMMISSION APPOINTMENT**

As provided under Macomb County Home Rule Charter, PA 370 of 1941, and PA 298 of 1966, this memorandum serves as notice of the Executive’s appointment to the Civil Service Commission as presented to you for Board approval:

- Mr. Ronald Geml to fill an unexpired term ending December 31, 2020

Thank you for your attention to this transmittal and I am available to answer any questions or concerns which you or the Board members may have.

MAH/smf

cc: Macomb County Clerk’s Office c/o Todd Schmitz, Deputy County Clerk
Ronald Geml
Anthony Wickersham



APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note: Only legible applications can be considered)

I, Ronald Keith Geml hereby make application for appointment to the Civil Service
(Name - Please print legibly)
Commission for 4 from _____
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)
to December 31, 2020.

I reside at (Present Address): 25036 South Magdalena	Since: 1992	Citizen of: U.S.
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City: Harrison Twp.	State: MI	Zip Code: 48045
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Home Telephone Number: ()	Work Telephone Number: ()	Cell Phone Number: (586) 747-3167
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E-mail Address: rongeml@wowway.com	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Mailing Address (if different than above):	I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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City:	State:	Zip Code:
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Employer: Retired - MCSD	Telephone: ()	Title:
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City:	State:	Zip Code:	Nature of Work:
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Education – Graduate from High School?: Yes No

Degree Received: H.S. Diploma 1978	Degree Received:	Degree Received:
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I presently hold the following appointments and elected positions:

Title: N/A	Appointment or Election Date:
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Title:	Appointment or Election Date:
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Previously held appointments and/or elected positions:

Title: N/A	Dates Served:
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Title:	Dates Served:
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Have you ever been convicted of a felony? If yes, list below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
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Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
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Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

N/A

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

Brother, Tom Geml, Macomb County Sheriff Deputy

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

# of Meetings Attended:	# of Meetings Held:
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Please indicate your attendance record for the term(s) served:

Comments/Clarification (*only if necessary*):

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

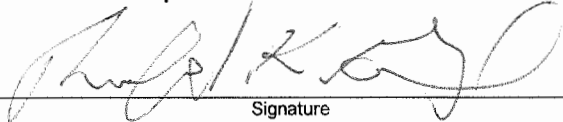
<p>I served for the Macomb County Sheriff Department for 35 years and held several positions. I retired in 2015 with the rank of Lieutenant. When working I took part in hundreds of interviews with individuals both beginning their careers with the county as well as experienced individuals trying to further their career. I have always enjoyed being a part of that process and feel that it has prepared me for an appointment to the Civil Service Commission.</p>

I hereby apply for appointment to: _____
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.


Signature

Date

Name (Print or Type)

Subscribed and sworn to before me this 2 day
of March, 2014.

DANA CAMPHOUS PETERSON
Notary Public, State of Michigan, County of Macomb
My Commission Expires March 17, 2016, Michigan
Acting in the County of Macomb
417120
My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:
PAMELA J. LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may but are not required to attach additional information pertaining to this Application for Appointment. Attachments may include a resume, letter of reference, letter of intent and/or any other supporting documentation to support your interest in this appointment.

<i>For Executive Office use only:</i>		<i>Appointment made by Executive Office:</i>	
 		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Signature of Authorized Personnel		_____ Date	
 		<input type="checkbox"/> Requires Commission Approval	_____ Date Sent to Commission
_____ 		_____ 	