



Application for Appointment to City Boards

Personal Information *(Please print or type)*

Name: _____ Home Phone: _____

Home Address: _____

E-Mail Address: _____ Cell Phone: _____

Occupation: _____ Business Phone: _____

Business Name: _____

Business Address: _____

Eligibility – Please Circle

Are you a resident of the City?	Yes	No	If yes, length of time: _____
Are you a registered voter?	Yes	No	If yes, what County: _____
Do you own property in the City?	Yes	No	If yes, address: _____
Do you hold a public office?	Yes	No	If yes, Office name: _____
Are you employed by the City?	Yes	No	If yes, position: _____
Are you currently serving on a Board?	Yes	No	If yes, Board Name: _____
Have you been convicted of a felony?	Yes	No	If yes, provide date: _____
Have your civil rights been restored?	Yes	No	If yes, provide date: _____
Have you filed bankruptcy?	Yes	No	If yes, provide date: _____

Potential Conflict of Interest: Have you ever been engaged in the management/ownership of any business enterprise that has a financial interest with the City of Jacksonville Beach? **Yes** **No**

If yes, please provide details:

City Boards *(Please indicate your preferences by ranking - denote your Primary choice with a "1", Secondary choice with a "2".*

- | | |
|---|--|
| Board of Adjustment

Community Redevelopment Agency | Planning Commission

Pension Trustee |
|---|--|

Please list the type of City meetings you have attended: _____

Education: _____

Qualifications (Briefly describe specific expertise, abilities, or qualifications):

Application for Appointment to City Boards *(cont.)*

State Reporting Requirements

Section 760.80, Florida Statutes, requires that the City annually submit a report to the Secretary of State disclosing race, gender, and physical disabilities of board members and elected officials. Please circle the appropriate responses.

Race

- | | |
|--|------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Not Known |

Gender

- Female
 Male

Physically Disabled

- Yes
 No

Florida's Public Records Law, Chapter 119, Florida Statutes, states: "It is the policy of this state that all state, county, and municipal records shall at all times be open for a personal inspection by any person." Your application when filed will become a public record and subject to the above statute. In addition, any appointed member of a board of any political subdivision (except members of solely advisory bodies) and all members of bodies exercising planning or zoning, are required to file a financial disclosure form (Form1) within 30 days after appointment and annually thereafter, for the duration of the appointment as required by Chapter 112, Florida Statutes.

I understand that if I am appointed to one of the City's boards, I will be required to file a financial disclosure form - Form 1, as described above, and I am willing to comply with this requirement.

I understand that any false, incomplete, or misleading information given by me on the application is sufficient cause for rejection of this application. I understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after appointment to a Board may result in my removal.

I also understand that all board appointments are for voluntary, uncompensated services. Additionally, if appointed, I am able to attend meetings and otherwise fulfill the duties of the office.

Applications are submitted to the City Council when vacancies occur and are effective for two years from date of completion.

By submitting this form, I declare the foregoing facts to be true, correct, and complete. Additionally I hereby authorize a criminal background check.

Date Applicant's Signature

Please do not write below – Staff use

Date application received: _____

Interviewed on: _____

Eligible for appointment **Yes** **No**

If not eligible for appointment
Explanation: _____

Appointed to: _____

Date: _____

Appointed to: _____

Date: _____

Appointed to: _____

Date: _____