

**CAREERSOURCE HILLSBOROUGH PINELLAS WORKFORCE DEVELOPMENT BOARD
APPLICATION**

Please complete the application in its entirety.
Incomplete applications will not be considered for appointment.

NOTE: Are you or your spouse's home address, phone number, place of employment, or date of birth exempt from public disclosure under Chapter 119, Florida Statutes (the Public Records Law): Yes No

POSITION APPLYING FOR: _____
(Be specific to openings advertised.)

1. Legal Name: _____
 LAST FIRST MIDDLE/MAIDEN

2. Place of Employment: _____
Title: _____

3. Business Address: _____
 STREET P.O. BOX/SUITE

 CITY STATE ZIP PHONE NUMBER

4. **Current Residential Address:**

Must list physical address P. O. BOX/SUITE

 CITY STATE ZIP PHONE NUMBER

E-MAIL ADDRESS

Preferred mailing address: Business Home / **Preferred Phone:** _____

Note: Information for the following three questions will be used to satisfy Equal Opportunity reporting requirements. Your response is optional.

5. Sex: _____

6. Race: _____ Ethnicity: _____

7. Are you a person with a disability? Yes No

8. Date of birth: _____ Place of birth: _____

9. Do you currently serve on any board, council, committee, or authority in Hillsborough County or in the State of Florida? Yes No

If yes, list name of board(s): _____

10. Are you a registered voter in Hillsborough County? Yes No

11. Continuous resident of Hillsborough County since: _____

12. Are you an agency representative? Yes No. If yes, are you registered to vote in the County in which you reside? Yes No. If yes, list the name of County:

13. Highest education level: _____ Year graduated: _____

List all post-secondary educational institutions attended, and degrees received:

Not applicable

NAME & LOCATION	DATES ATTENDED	DEGREE(S) RECEIVED

14. Do you have any relatives working for Hillsborough County? Yes No

If yes, list their name, relationship, and office: _____

15. Have you ever held a professional or business license or certificate? Yes No

If yes, please list below. Please include the number of your license or certificate. If any disciplinary action has been taken, please indicate the date and type of action taken.

LICENSE/ CERTIFICATE/BAR NO.	DATE ISSUED	ISSUING AUTHORITY	DISCIPLINARY ACTION

16. State your experience that qualifies you for position applied for:

17. If appointed, is there any reason why you will not be able to attend the regularly scheduled meetings? ____ Yes ____ No

If yes, please explain: _____

18. Citizen members shall be appointed in a manner to avoid conflicts of interest or the appearance of conflicts of interest. Do you know of any reason that would prohibit you from serving on this board that could be deemed as a conflict of interest? ____ Yes ____ No

If yes, please explain: _____

19. Have you or a business of which you have been an owner/ officer/employee held any contractual, or other dealings, during the last three years with any HC government agency? (Including the agency to which you seek appointment) ____ Yes ____ No

20. Has a member of your immediate family or business of which they have been an owner/ officer/ employee, held any contractual or other dealings, during the last three years with any Hillsborough County government agency? (Including the agency to which you seek appointment) ____ Yes ____ No

If you answered yes to either of the above two questions, please list below:

BUSINESS	YOUR RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY

21. Please list three persons who have known you well within the past five years. Include a current and complete address, phone number, and the relationship in which they have known you. Please list only those persons who have given their consent to be used as a reference.

	NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

22. Name any business, professional, civic, or fraternal organizations of which you are a member, and the dates of your membership. ___Not applicable

ORGANIZATIONS	DATE OF MEMBERSHIP

AS A MEMBER OF THE CAREERSOURCE HILLSBOROUGH PINELLAS WORKFORCE DEVELOPMENT BOARD, YOU WILL BE REQUIRED AS A "LOCAL OFFICER" TO FILE A FINANCIAL DISCLOSURE FORM WITHIN 30 DAYS OF APPOINTMENT AS WELL AS ANNUALLY THEREAFTER. Information on Financial Disclosure can be found on the Commission on Ethics website at www.ethics.state.fl.us.

BY SIGNING BELOW, YOU ARE AFFIRMING THAT THE INFORMATION YOU PROVIDED IS TRUE. FOR THIS FORM TO BE VALID, PLEASE SIGN AND DATE BELOW.

PRINT NAME SIGNATURE DATE

E-MAIL ADDRESS FAX NUMBER

INSTRUCTIONS FOR SUBMITTAL:

MAIL TO:
Boards & Councils Coordinator
P. O. Box 1110
Tampa, FL 33601

DELIVER TO:
601 E. Kennedy Blvd, 2nd Floor
Tampa, FL 33602

FAX TO:
813-239-3916

SCAN AND E-MAIL TO:
Rotgerg@HCFL.gov

