CAREERSOURCE HILLSBOROUGH PINELLAS WORKFORCE DEVELOPMENT BOARD APPLICATION

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

NOTE: Are you or your spouse's home address, phone number, place of employment, or date of birth exempt from public disclosure under <u>Chapter 119</u>, <u>Florida Statutes</u> (the Public Records Law):____Yes____No

POSITION APPLYING FOR:				
POSITION APPLYING FOR: (Be s	pecific to op	enings adv	ertised.)	
1. Legal Name:	FIR	ST	MIDDLE/MAIDEN	
2. Place of Employment:				
Title:				
3. Business Address:		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:Bu	usiness	_Home / Pre f	ferred Phone:	
Note : Information for the following three reporting requirements. Your respons			I to satisfy Equal Opportunity	
5. Sex:				
6. Race:	Ethnicity	/:		
7. Are you a person with a disability?	Yes	No		
8. Date of birth:	Place of	f birth:		

9. Do you currently ser County or in the State o				authority	in Hillsborough	
If yes, list name of board	d(s):					
 10. Are you a registered 11. Continuous resident 12. Are you an agency rote in the County in who 13. Highest education le List all post-secondary en Not applicable 	evel:	oorough County ntative?Ye	since:No. I esNo. If ye	f yes, arees, list the	e you registered to ne name of County:	
NAME & LOCATIO	N	DATES A	TTENDED	DEG	REE(S) RECEIVED	
14. Do you have any rel If yes, list their name, re 15. Have you ever held	lationsh	ip, and office: _				
If yes, please list below. disciplinary action has b						
LICENSE/ CERTIFICATE/BAR NO.	ATE/DAD NO		ISSUING AUTHORI		DISCIPLINARY ACTION	

	DOUNTEDO	IO AGENOI			
BUSINESS	YOUR RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY			
If you answered yes to either of	the above two questions, please	e list below:			
officer/ employee, held any con	ediate family or business of which tractual or other dealings, during nt agency? (Including the agency o	the last three years with any			
contractual, or other dealings, of	which you have been an owner/ of luring the last three years with ar you seek appointment)Yes	ny HC government agency?			
If yes, please explain:					
appearance of conflicts of interesting on this board that could	est. Do you know of any reason to be deemed as a conflict of interest.	that would prohibit you from est?No			
18 Citizen members shall be as	ppointed in a manner to avoid co	inflicts of interest or the			
If yes, please explain:					
17. If appointed, is there any remeetings?YesNo	ason why you will not be able to a	attend the regularly scheduled			
State your experience that of	16. State your experience that qualifies you for position applied for:				

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	
	. Name any business, profession member, and the dates of your m				nich you ar	e
	ORGANIZATIONS			DATE OF MEN	1BERSHIP)
	SIGNING BELOW, YOU ARE TRUE. FOR THIS FORM TO E					ROVIDED
	PRINT NAME	 -	SIGNATURE			DATE
	E-MAIL ADDRESS		FAX NUMBER			
IN:	STRUCTIONS FOR SUBMITTA	L:				
Bo P.	AIL TO: pards & Councils Coordinator O. Box 1110 umpa, FL 33601		601	LIVER TO: E. Kennedy Blvd, npa, FL 33602	2 nd Floor	
	AX TO: 3-239-3916			AN AND E-MAIL T	<u>'O:</u>	