



APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

New Applicant Re-Appointment

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mr/Mrs/Ms:			
Name:	Last	First	Middle Initial
Residence Address:			
Street	City	Zip Code	
Mailing Address:			
Street	City	Zip Code	
Phone No.			
Home		Business	
FAX:			
E-Mail Address:			

I hereby submit my name for consideration to serve in an advisory capacity to the Board of Charlotte County Commissioners on the following Advisory Board:

_____ **Name of Advisory Board**

If applying for a specific category/position, please so state: _____

Occupation: _____

If currently retired, previous occupation: _____

Civic/Professional Accomplishments/Offices Held:

**APPLICATION TO SERVE ON A
CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED**

My qualifications to be eligible are as follows:

If applicable, please indicate any employment, contractual relationship or status that you may have, or have had within the past 12 months, with any private business entity that rents, leases or sells any realty, or provides any goods or services to the County or that is conducting any business with the County.

Is this application for a new appointment? Yes No

If yes, please indicate what you would like to accomplish if you are appointed to this Board:

Is this application for a re-appointment? Yes No

➤ If yes, please indicate what your accomplishments have been while serving on this Board:

➤ If “Yes”, please indicate what you would like to accomplish during this term:

If you have previously served on a Charlotte County Advisory Board or are currently serving and seeking reappointment, please indicate the number and general nature of any voting conflict disclosure memorandum filed (Form 8B) while serving on the board:

Have you ever worked for the Charlotte County Board of County Commissioners? Yes No

➤ If “Yes”, please list position, department, start and end date: _____

Do you have any relatives currently working for the Charlotte County Board of County Commissioners? Yes No

➤ If “Yes”, please list name(s) and department(s): _____

Are you a full-time Charlotte County Resident? Yes No

Have you ever been convicted of a Felony or Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you). Yes No

➤ If "Yes", please explain: _____

Have you ever pled NO LO CONTENDRE or pled guilty to a crime which is a Felony or a Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you). Yes No

➤ If "Yes", please explain: _____

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- 1.) All of the Boards and Committees appointed by the Board of County Commissioners are required to comply with the Sunshine Law FS 286.011 and some of the Boards and Committees appointed by the Board of County Commissioners are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. You may be required to file a Form 1 Financial Disclosure. You will be provided with more information upon appointment.
- 2.) Charlotte County, an equal opportunity/affirmative action employer, considers the selection and appointment of persons to advisory boards in a non-discriminatory manner consistent with the requirements of Federal, State and Local non-discrimination laws.
- 3.) The Board of County Commissioners request that you attend the Commission meeting at which your application will be considered for appointment. This office will notify you of the Commission meeting date.
- 4.) Members who fail to regularly attend meetings may automatically forfeit their appointment.

By signing this application, you acknowledge that you have read and understand the previous statements.



Signature

Date

A résumé or list of qualifications and experience is required but cannot replace this application form.

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Board of County Commissioners
Attn: Executive Assistants
18500 Murdock Circle
Port Charlotte, FL 33948

OR EMAIL TO:

Assistant@CharlotteCountyFL.gov