



BOARD APPLICATION

(Please type or print clearly)

BOARD: _____ DATE: _____

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ CITY RESIDENT: YES ___ NO ___

HOW LONG HAVE YOU LIVED IN PLANT CITY? _____

DO YOU OWN PROPERTY WITHIN THE CITY OF PLANT CITY? YES ___ NO ___

IF YES, ADDRESS: _____

OCCUPATION: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

ARE YOU CURRENTLY SERVING ON A CITY BOARD? YES ___ NO ___

IF YES WHICH BOARD? _____

PLEASE ATTACH RESUME OF EDUCATION AND EXPERIENCE:

ARE YOU A NON EXEMPT EMPLOYEE? YES ___ NO ___

MEMBER OF THE FOLOWING CIVIC ORGANIZATIONS:

WHY DO YOU DESIRE TO SERVE ON THE ABOVE BOARD?

BOARD APPLICATION

HAVE YOU EVER BEEN CONVICTED OR PLED "NO CONTEST" TO A FELONY OR MISDEMEANOR OFFENSE? YES ___ NO ___

IF CONVICTED OF A FELONY, HAVE YOUR CIVIL RIGHTS BEEN RESTORED? YES ___ NO ___

GIVE DETAILS: _____

I UNDERSTAND THAT IF APPOINTED, I WILL SERVE ON THE ABOVE BOARD WITHOUT COMPENSATION AND AT THE PLEASURE OF THE CITY COMMISSION.

APPLICANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS ___ DAY OF _____, 2____, AND WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

NOTARY PUBLIC, STATE OF FLORIDA

MY COMMISSION EXPIRES: _____

PLEASE NOTE:
MEMBERSHIP ON THE FOLLOWING BOARDS REQUIRE THAT AN ANNUAL FINANCIAL DISCLOSURE FORM BE FILED ON OR BEFORE JULY 1ST OF EACH YEAR: BOARD OF THE PUBLIC SAFETY EMPLOYEES PENSION TRUST FUND; CODE ENFORCEMENT BOARD AND PLANNING BOARD, IN ADDITION, MEMBERS OF THE BOARDS ARE REQUIRED TO FILE FINANCIAL DISCLOSURE WITHIN 30 DAYS OF BEING APPOINTED.

APPLICANTS FOR BOARD OF APPOINTMENTS ARE REMINDED OF THE PROVISIONS OF THE FLORIDA STATUTES AS APPLICABLE TO CONFLICTS OF INTEREST, ALL BOARD APPLICATIONS ARE RETAINED FOR ONE (1) YEAR. ONE YEAR AFTER THE DATE OF APPLICATION, A NEW APPLICATION WILL BE REQUIRED.

PLEASE DIRECT ANY QUESTIONS RELATIVE TO FINANCIAL DISCLOSURE AND CONFLICT OF INTEREST TO THE CITY CLERK, TELEPHONE NO. 813-659-4200. SEND COMPLETED FORMS TO: OFFICE OF CITY CLERK, P.O. BOX C, PLANT CITY, FL 33564