APPLICATION TO SERVE ON THE CHARLOTTE COUNTY RESTORE ACT ADVISORY BOARD

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:			

Current Occupation: _____

If currently retired, previous occupation: _____

Civic/Professional Accomplishments/Offices Held:

_____

_____

_____

_____

Please be advised that all information contained in this application becomes Public Record once submitted to Charlotte County.

APPLICATION TO SERVE ON THE CHARLOTTE COUNTY RESTORE ACT 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.

_____

_____

_____

Please indicate what you would like to accomplish if you are appointed to this Board:

_____

_____

_____

Have you previously served on a Charlotte County Advisory Committee or are currently serving please indicate the committee(s):

_____

_____

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**

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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 committees 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 attend three (3) meetings in a twelve-month period without cause and without prior approval of the chairman shall automatically forfeit their appointment.**

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

_____ _____

Signature Date

It is recommended that a résumé of additional personal and professional qualifications and experience that pertains to the above be submitted with this application however, it cannot replace the application form.

Please return this completed form to:

Charlotte County Government
Attention: Administration
18500 Murdock Circle
Port Charlotte, FL 33948

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