



**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): \_\_\_\_\_

(Please note that unless specifically approved by the Board of County Commissioners (BOCC), no citizen may serve on more than one board/council/committee/authority at a time, that is appointed by the BOCC.)

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.

**If the person's information below is exempt from public disclosure per Chapter 119, Florida Statutes (the Public Records Law), please check the box next to their name.**

	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

A response to the following two questions is required **only** when applying for the **Land Use Appeals Board**.

23. Do you or your firm/business present variances or special use permits before the Land Use Hearing Officer? \_\_\_Yes \_\_\_No

24. If yes, how often? \_\_\_\_\_

**If you are applying for one of the following boards, a criminal background check is required.** Any appointment to one of these boards or as a Hearing Officer is contingent upon the results of the criminal background check. You will be contacted by our Human Resources Department with a link to complete the online background check. A response is required within 48 hours at which time the link will expire.

Anti-Bullying Advisory Committee; Child Care Licensing Advisory Board; Child Care Licensing Hearing Officers; Council on Aging; Parks, Recreation and Conservation Board; Public Library Board.

**AS A MEMBER OF THE FOLLOWING BOARDS, YOU WILL BE REQUIRED AS A “LOCAL OFFICER” TO FILE A FINANCIAL DISCLOSURE FORM WITHIN 30 DAYS OF APPOINTMENT AS WELL AS ANNUALLY THEREAFTER.** Forms can be found on the Commission on Ethics website at [www.ethics.state.fl.us](http://www.ethics.state.fl.us) under Forms.

Building Board of Adjustment, Appeals & Examiners; CareerSource Tampa Bay; Code Enforcement Board; Code Enforcement Special Magistrate; Electrical Board of Adjustment, Appeals & Examiners, Hillsborough Area Regional Transit Authority; Hospital Authority; Human Relations Board; Land Use Appeals Board; Mechanical Board of Adjustment, Appeals & Examiners; Planning Commission; Plumbing and Gas Board of Adjustment, Appeals & Examiners, Polk County Joint Airport Zoning Board; Tampa Sports Authority.

**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, 2<sup>nd</sup> Floor  
Tampa, FL 33602

**FAX TO:**  
813-239-3916

**SCAN AND E-MAIL TO:**  
[FinleyL@HillsboroughCounty.org](mailto:FinleyL@HillsboroughCounty.org)