

Hillsborough County Board of County Commissioners
601 E. Kennedy Boulevard, Tampa, FL 33602

APPLICATION QUESTIONNAIRE FOR COUNTY APPOINTMENTS

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

Information from this questionnaire will be used by the Board of County Commissioners of Hillsborough County when considering appointments to Advisory Boards and Councils.

NOTE: Are you or your spouse's home address, phone number, place of employment, or date of birth exempt from public disclosure under Chapter 119, Florida Statutes (the Public Records Law): _____ Yes _____ No

BOARD OF INTEREST: _____

(Applicant must list a board currently being advertised; if more than one, list in order of preference.)

POSITION APPLYING FOR: _____
(Be specific to openings advertised.)

1. Legal Name: _____
LAST FIRST MIDDLE/MAIDEN

2. Place of Employment: _____
Title: _____

3. Business Address: _____
STREET 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: _____ Business _____ Home / **Preferred Phone:** _____

Note: Information for the following three questions will be used to satisfy Equal Opportunity reporting requirements. Your response is optional.

5. Sex: Male Female

6. Race: _____

7. Are you a person with a disability? Yes No

8. Date of birth: _____ Place of birth: _____

9. Have you ever been convicted of a felony or misdemeanor offense? Yes No

If yes, please explain. (Do not include minor traffic violations and any offense committed as a minor.) _____

10. 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.)

11. Are you a registered voter in Hillsborough County? Yes No

12. Continuous resident of Hillsborough County since: _____

13. Are you are 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: _____

14. Highest education level: _____ Year graduated: _____

B. List all post-secondary educational institutions attended and degrees received:

NAME & LOCATION	DATES ATTENDED	DEGREE(S) RECEIVED

15. Do you have any relatives working for Hillsborough County? ____ Yes ____ No

If yes, list their name, relationship, and office: _____

16. 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

17. State your experience that qualifies you for position applied for:

18. If appointed, is there any reason why you will not be able to attend the regularly scheduled meetings? ____ Yes ____ No

If yes, please explain: _____

19. 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: _____

20. 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

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 questions to #20, 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.

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 must complete a Background Investigation Disclosure and Authorization Form and return with the questionnaire. You will be contacted by our Human Resources Department regarding the online background check. A response is required within 24 hours.

(Exception: Those exempt from public disclosure under Chapter 119, Florida Statutes. You must provide proof from your employer that you cleared a background check and the date of clearance.)

Anti-Bullying Advisory Committee; Child Care Facilities Advisory Board; Child Care Licensing Hearing Officers; Children’s Services Advisory Board; Council on Aging; Family Child Care Home Advisory Board; 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 1, 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 under Forms.

Arts Council; 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 / MAIL TO:
Boards & Councils Coordinator
2nd Floor, County Center
601 E. Kennedy Blvd.
Tampa, FL 33602

FAX TO:
813-273-3732

SCAN AND E-MAIL TO:
FinleyL@HillsboroughCounty.org