APPLICATION TO SERVE ON CITY BOARDS, COMMITTEES AND COMMISSIONS

This application form will be utilized in considering you for appointment to a City board, committee or commission. All information provided on or with this form becomes a public record and is subject to public disclosure. All BOARDS, COMMITTEES AND COMMISSIONS are herein referred to as COMMITTEES.

NAME: ___________________________________________ EMAIL: __________________________

MAILING OR DELIVERY ADDRESS: ________________________ ZIP _______________________

PREFERRED CONTACT TELEPHONE NOS.: ____________________________

OCCUPATION (current or most recent): ____________________________

DO YOU LIVE OR WORK IN THE CITY OF WEST PALM BEACH? □ LIVE □ WORK □ NEITHER

(Neighborhood: ____________________________ if you live in the City)

ARE YOU CURRENTLY ON A CITY BOARD OR COMMITTEE □ YES □ NO

If so, which ones? ____________________________________________

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEAD GUILTY OR NOLO CONTENDERE TO A CRIME OTHER THAN MINOR TRAFFIC INFRINGEMENT? □ YES □ NO

If so, explain ____________________________________________

HAVE YOU EVER BEEN FOUND TO HAVE VIOLATED A CODE OF ETHICS FOR PUBLIC OFFICERS AND EMPLOYEES? □ YES □ NO

If “Yes”, please provide the following information: Date:________ Nature of Violation: __________________________

Disposition: __________________________

ON WHICH COMMITTEE(S) WOULD YOU PREFER TO SERVE AND WHY? __________________________

WHAT SPECIAL TALENTS, EXPERIENCE AND SKILLS DO YOU HAVE, INCLUDING CERTIFICATIONS, THAT WOULD CONTRIBUTE TO YOUR SERVICE ON THE COMMITTEE(S) THAT YOU HAVE SELECTED? __________________________

PLEASE LIST ANY OTHER PUBLIC OR PRIVATE BOARDS OR COMMITTEES ON WHICH YOU SERVE WHETHER OR NOT CONNECTED TO THE CITY. __________________________

PLEASE SUMMARIZE YOUR VOLUNTEER EXPERIENCE. __________________________

IN ORDER TO ENCOURAGE DIVERSITY IN SELECTIONS OF MEMBERS OF GOVERNMENT COMMITTEES, THE FOLLOWING INFORMATION IS REQUIRED BY FLORIDA STATUTE 760.80 FOR SOME COMMITTEES. IF YOU HAVE ANY QUESTIONS, CALL THE CITY ATTORNEY AT 561/822-1360.

Please check one:

RACE:
  □ African-American
  □ Asian-American
  □ Hispanic-American
  □ Native American
  □ Caucasian
  □ Not Known
  □ Male
  □ Female

PHYSICALLY DISABLED:
  □ Yes
  □ No

IF YOU WISH, YOU MAY ATTACH A RESUME.

Fill in and return form to the OFFICE OF THE MAYOR.

I HEREBY CERTIFY THAT THE STATEMENTS AND ANSWERS PROVIDED ARE TRUE AND ACCURATE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE CAUSE FOR REMOVAL FROM A BOARD OR COMMITTEE IF APPOINTED AND THAT CERTIFICATION AND TRAINING IS REQUIRED FOR SERVICE ON A CITY COMMITTEE.

SIGNATURE ___________________________________________ DATE _______________________

Revised June 2004