



DATE: \_\_\_\_\_

**APPLICATION - CITY BOARD OR COMMISSION**

- |   |  |
|---|--|
| <input type="checkbox"/> BOARD OF ADJUSTMENT (MUST BE RESIDENT)             | <input type="checkbox"/> PENSION BOARD (MUST BE RESIDENT) (FIRE /POLICE/GENERAL) |
| <input type="checkbox"/> CITIZEN BUDGET ADVISORY                            | <input type="checkbox"/> PINELLAS COUNTY COMMUNITY DEVELOPMENT                   |
| <input type="checkbox"/> CIVIL TRIAL COMMISSION (MUST BE A RESIDENT)        | <input type="checkbox"/> ADVISORY COMMITTEE (MUST BE RESIDENT)                   |
| <input type="checkbox"/> CODE ENFORCEMENT BOARD (MUST BE RESIDENT)          | <input type="checkbox"/> PLANNING & ZONING (MUST BE RESIDENT)                    |
| <input type="checkbox"/> COMMUNITY PROJECTS ADVISORY BOARD                  | <input type="checkbox"/> RECREATION BOARD (MUST BE RESIDENT)                     |
| <input type="checkbox"/> EQUESTRIAN BOARD (MUST BE RESIDENT)                | <input type="checkbox"/> WATER MANAGEMENT DISTRICT                               |
| <input type="checkbox"/> LIBRARY BOARD (MUST BE RESIDENT FOR AT LEAST 1 YR) |  |

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_

ARE YOU A GRADUATE OF THE CITY'S APPLE PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A RESIDENT OF CITY OF PINELLAS PARK? YES \_\_\_\_\_ NO \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF PINELLAS PARK? \_\_\_\_\_ HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_

DO YOU PRESENTLY SERVE ON A CITY BOARD? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES: NAME OF BOARD \_\_\_\_\_ TERM EXPIRES \_\_\_\_\_

WOULD YOU BE WILLING TO RESIGN ONE APPOINTED POSITION TO BE APPOINTED TO ANOTHER POSITION? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU AVAILABLE FOR DAY MEETINGS? YES \_\_\_\_\_ NO \_\_\_\_\_ ARE YOU AVAILABLE FOR NIGHT MEETINGS? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE ANY RELATIVES THAT WORK FOR THE CITY OF PINELLAS PARK? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER QUALIFIED FOR A "PROTECTED ADDRESS" STATUS UNDER FLORIDA STATUTE 119? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES: QUALIFYING STATUS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

PLACE OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EDUCATIONAL BACKGROUND \_\_\_\_\_

ORGANIZATIONAL MEMBERSHIPS (FULL NAME) \_\_\_\_\_

INTERESTS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**ALL APPLICATIONS MUST BE SUBMITTED TO THE CITY CLERK'S OFFICE**

This application will be kept on file for a period of one (1) year from date of receipt.

Transmittal date to City Council \_\_\_\_\_



The information from this page has been requested and will be used exclusively by the City Clerks' Office. This information will be used to provide demographic statistics to the State of Florida and is not requested for the purposes of discriminating on any basis.

1. Board: \_\_\_\_\_

2. Occupation (exact title): \_\_\_\_\_

\*3. Do you have any handicapping or disability conditions: Yes  No  If "Yes", please explain:

\*4. Sex: Male  Female

\*5. Race: White, non-Hispanic (W)  American Indian/Alaskan Native (A)   
Hispanic (H)  Asian/Pacific Islander (P)   
Black (B)

6. Are you willing to file financial disclosure statements while serving in an appointed position: Yes  No

**NOTE:** Filing financial disclosure statements generally includes reporting: (1) all sources of income exceeding five percent (5%) of your gross salary; (2) income to a business entity exceeding ten percent (10%) of its total income and ten percent (10%) of your income; (3) location and description of real property; (4) all persons who gave you gifts in excess of \$100; and (5) every debt which exceeds your net worth.

\_\_\_\_\_  
Print Applicant's Name