



***Application for a Board/Committee Appointment
City of Tavares***

Please Print: _____
Last Name First Middle Initial

Telephone: ____ (____) _____ Email: _____

Cell Phone: ____ (____) _____ Fax: _____

Present Address _____

Which Board/Committee Appointment are you seeking; **(P&Z and Fire & Police Pension Board members must be a resident of Tavares.)** (Please mark with a check.)

- _____ Fire Pension Board
- _____ Police Pension Board
- _____ Planning and Zoning Board*
- _____ Tavares Library Advisory Board
- _____ Bicycle Pedestrian Committee of the Metropolitan Planning Organization – Tavares Representative
- _____ Citizens Advisory Committee of the Metropolitan Planning Organization – Tavares Representative
- _____ Lake Community Action Agency
- _____ Lake County Cultural Affairs Council – Tavares Representative
- _____ Lake County Library Advisory Board – Tavares Representative

***Planning and Zoning Board Applicants Only - please also complete the Planning & Zoning Board Applicant Questionnaire Attachment and attach to the application.**

Name(s) and Relationship of Relatives Working for the City: _____

Have You Ever Been Convicted of or Pled Guilty or No Contest to any Felony Offense? Yes ___ No ___

Education and Training: (Circle Last Level of Education Completed)

Elementary & High School

College or University

Graduate School

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4

1 2 3 4

Are You Employed at Present? (Please Circle)

YES

NO

Name of Last or Present Employer: _____

Address: _____

Number and Address

City

State

Zip

Date Hired: _____ Position: _____

Brief Description of Responsibilities: _____

Have You Served on a City of Tavares Board or Committee? _____

If You Answered Yes: When? _____ Where? _____

Professional or Civic Memberships:

1) _____ 2) _____

3) _____ 4) _____

Please Answer the Following (Use Back of Page if Additional Space is Needed)

1) Why would you be a good candidate for this appointment? What experience, knowledge, or special skills do you have that would be helpful to this board?

2) What do you think should be the purpose of this board?

References: Give Below, the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year.

1)

Name	Address	Business Years Known
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2)

Name	Address	Business Years Known
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3)

Name	Address	Business Years Known
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Next of Kin:

Name	Address	Relationship
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In Case of Emergency, Please Notify:

Name	Address	Telephone No.
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I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR VOIDING THIS APPLICATION.

Applicants Signature _____ Date _____

This form is for completion by applicants, and is used to collect information for reporting purposes only.

In keeping with Florida Statutes Chapter 760.80(4) and to help us comply with reporting and legal requirements regarding minority representation on boards, commissions, councils and committees, please answer the questions below.

Name

Date of Application

Please select one of the following:

_____ An African American; that is a person having origins in any of the racial groups of the African Diaspora.

_____ A Hispanic American; that is, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race.

_____ An Asian American; that is, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778.

_____ A Native American, that is, a person who has origins in any of the Indian Tribes of North America prior to 1835.

_____ An American woman.

_____ An American man.

_____ None of the above.

Do you qualify as physically disabled? Yes: _____ No: _____

***Planning and Zoning Board
Applicant Questionnaire Attachment***

1) How do you balance property development rights with government development regulations?

2) What is your overall philosophy on growth in the City and in Lake County?
