

CITY OF CAPE CORAL
CITY COUNCIL APPOINTMENT INFORMATION FORM

This Appointment Information Form, when completed and filed with the City Clerk's Office, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person.

YOU ARE RESPONSIBLE TO KEEP THE INFORMATION ON THIS FORM CURRENT. PLEASE NOTE IF ANY OF THE INFORMATION ON THE APPLICATION IS EXEMPT FROM PUBLIC DISCLOSURE OR CONFIDENTIAL PURSUANT TO STATE OR FEDERAL LAW

Please Type, if possible (or print clearly) Date: _____

Name: _____
(Last) (First) (Middle)

Address: (H) _____
_____ Zip Code _____

(O) _____
_____ Zip Code _____

Phone: (H) _____ (O) _____

Occupation: _____

Employer: _____

Position: _____ How Long: _____

Table with 3 columns: Name & Location, Dates Attended, Degrees Earned. Header: Education: Highest education level achieved and institutions attended:

Table with 3 columns: License/Certificate Title, Issue Date, Issuing Authority. Header: Have you ever held a professional or business license or certificate? Yes ___ No ___

District for which you are applying: _____

- 1. Are you a registered voter? Yes ___ No ___
2. Are you a City of Cape Coral Resident? Yes ___ No ___
3. Are you currently residing in the District applied for? Yes ___ No ___
4. Are you a full-time resident of the City of Cape Coral for the entire calendar year immediately preceding the appointment? Yes ___ No ___
5. Are you currently serving on a City Board? Yes ___ No ___
If yes, which Board(s)
6. Are you currently serving on a Board, Authority, or Commission for another governmental agency? Yes ___ No ___
If yes, what Board, etc. and since when?

Work Experience:

Community Involvement:

Interests/Activities:

Why do you desire to serve?

A resume or separate sheet with additional information may be included.

Florida law requires that member of Council file a financial disclosure form. Would you be willing to file a financial disclosure form? Yes _____ No _____

I understand the responsibilities associated with being a Council member, and I have adequate time to serve.

Signature

Date

If you have any questions, please call the City Clerk at 574-0411. Return this original form to:

City of Cape Coral, City Clerk's Office, 1015 Cultural Park Boulevard, Cape Coral, FL 33990.

FOR OFFICIAL USE ONLY

Interviewed: Date: _____

Yes _____ No _____

Council Action: Date: _____