CITY OF CAPE CORAL APPOINTMENT INFORMATION FORM

Initials:__

This Appointment Information Form, when completed, signed 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. APPLICATIONS WILL BE RETAINED IN THE CLERK'S OFFICE IN ACCORDANCE WITH STATE RECORDS RETENTION LAWS.

Please Type, if possible (or print	clearly)	Date:			
Name:					
(Last)	(First)		(Middle)		
E-mail address:					
Address: (H)		Zip Code_			
(O)		Zip Code_			
Phone: (H)	(0)	(C)			
Occupation:					
Employer:	Position:		How Long:		
Education: Highest educatio Name & Location	n level achieved and institutions attended <u>Dates Attended</u>		s Earned		
	onal or business license or certificate?	Yes N	No		
License/Certificate Title	tle, issue date and issuing authority. <u>Issue Date</u>	<u>Issuing</u>	Authority		
Board(s) /Commission(s) for v	which you are applying:				
1. Are you a U.S. Citizen?		Yes N	o		
2. Are you a Cape Coral Resid	lent?	Yes N	o		
3. Are you <u>currently</u> serving o	on a City Board(s)?	YesN	0		
If yes, which Board(s) and	since when?				
4. Have you ever served on a	City Board(s)?	Yes N	0		
If yes, which Board(s) and	when?				
5 Are you currently serving or	n a Board, Authority, or Commission fo	ar another governm	nental agency?		
	yes, what Board, etc. and since when?	- anomer governin	ioniai agoney.		

Work Experience:							
Community Involveme	ent:						
Interests/Activities:							
Why do you desire to s		Board(s)?					
ow did you learn abou		Cape Coral Webs rate sheet with ad					th
Florida law requires th	nat members of cer						a financi
The City of Cape Cora wo-thirds (2/3) vote of Coral or for another go	of City Council. It	f you are already ser	rving on a Boar	rd, Author	ity, or Commi	ission for the Ci	
The City of Cape Coracommission or a sitting of appointment.							
I understand the responsators.	onsibilities associa	ated with being a Bo	pard member,	and I hav	e adequate tii	me to serve on	the abov
Signature				Date			
If you have any question	ons, please call the	office of the City Cl	lerk at (239) 57	4-0411. R	Return this for	m to:	
City of Cape Coral,	City Clerk's Of	fice, P.O. Box 150	027, Cape Co	oral, Flor	rida 33915-0	0027	
FOR OFFICIAL USE Interviewed:	ONLY Date:		Ye	es	No		
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