

If "No", please explain _____

9. Have you ever been convicted of any felony or misdemeanor offense? Is so, please explain. You may omit minor traffic violations and any offense committed as a minor. _____

10. Are you a registered voter? Yes _____ No _____

11. Continuous resident of Hillsborough County since _____
Note: Hillsborough County residency is mandatory for the appointment.

12. Education:

A. High School _____ Year Graduated _____

B. List all post-secondary educational institutions attended:

Name & Location	Dates Attended	Degrees
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Name & Location	Dates Attended	Degrees
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13. Have you ever held a professional license or certificate? Yes _____ No _____
If "Yes", please provide title, issue date, and issuing authority. If any disciplinary action has been taken, please state the type and date of the action taken.

License/Certificate Title	Issue Date	Issuing Authority
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Disciplinary Action	Date(s)
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14. State your experience and interest or elements of your personal history that qualify you for appointment.

15. If you are appointed, do you know of any reason whatsoever why you will not be able to attend regularly scheduled meetings or otherwise fulfill the duties of the office to which you have been appointed? Yes _____ No _____
If "Yes", please explain: _____

16. To your knowledge, have you, members of your immediate family, or businesses of which you or members of your immediate family have been an owner, officer or employee, had contractual or other dealings during the last three (3) years with any Hillsborough County governmental agency, including the agency to which you seek appointment?
Yes _____ No _____
If "Yes", please explain:

Business: _____
Your Relation to Business: _____
Business Relation to Agency: _____

17. Please list three persons who have known you well within the past five (5) years. Include current complete address, phone number and the capacity in which they have known you.

Name	Address	Phone	Capacity

18. Name any business, professional civic or fraternal organizations of which you are a member, and the dates of your membership.

Organization	Date of Membership

The undersigned (1) certifies that the information provided in this application is accurate and complete, (2) understands and acknowledges that the appointment is subject to all requirements of Florida law governing the conduct of public officials, including, without limitation, the Sunshine and Public Records laws, and Florida's Code of Ethics, and (3) has reviewed the Standards of Conduct adopted by the Planning Commission for the conduct of its members and agrees to conduct himself or herself in a manner consistent with such standards.

Signature of Applicant

Date: _____

Received by Planning Commission

Date: _____

By: _____