

PERSONAL DATA

Salutation	First Name	Middle Initial	Last Name
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Street Address	City, State, Zip
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Home Phone	Cell Phone	Email Address
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EMPLOYMENT DATA

Name of Employer

Street Address	City, State, Zip
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Work Phone	Work Email Address
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Which method do you prefer to be contacted? _____

If you have ever held any Professional or Occupational Licenses, Registrations, or Certifications, please provide the Title, Issue Date, and Issuing Authority:

TITLE	ISSUE DATE	ISSUING AUTHORITY
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you, members of your immediate family, or businesses of which you or members of your immediate family been an owner, officer or employee, held any contractual or had any other dealing during the last three years with any Escambia County agency, including the Board to which you seek appointment?

Yes _____ No _____

If yes, please explain:

Name any businesses, professional, civic or fraternal organizations of which you are a member, and the dates of your membership:

DATE

ORGANIZATION

Are you a resident of Escambia County? (*Members MUST be a resident of Escambia County*)

Yes _____ No _____

If yes, continuous resident since (year) _____

Are you currently serving, or have you ever served, on a board or committee?

Yes _____ No _____

If yes, please state the name of the Board or Committee and the dates served:

DATES SERVED

BOARD/COMMITTEE

Does your field of employment (or last employment) or any volunteer activities in which you engage (or have engaged) involve work or experience in the following categories? (Check as many as apply.)

- Agriculture and/or land-ownership interest
- Banking
- Business/Industry
- Building, Development and/or Real Estate
- Civic Activism
- Community Design, Planning, and/or Engineering
- Education and Academia
- Engineering/Surveying
- Environmental and/or Conservation
- Land Use Law
- Neighborhood and/or Civic Associations
- Planning
- Recreation
- Rural Development
- Transportation
- Water Resources

Please state your experience, interest, or elements of your personal history that you think qualify you for appointment to this committee:

Can you attend meetings if they are held (check all that apply):

Mornings

Afternoons

Evenings

Why do you want to serve on the Committee?

What do you hope to accomplish by serving on this Committee?

Attach Additional Sheets as Necessary

By submitting this form for consideration, I acknowledge the following: I understand the responsibilities associated with being a committee member, and I have adequate time to serve on the committee.

Applicant's Signature

Date