



APPLICATION FOR BOARD OR COMMITTEE APPOINTMENT

Return fully completed application to:

Records Management Department
Health Care District
2601 10th Avenue North, Suite 100
Palm Springs, FL 33461

**APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS**

Name: _____

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Please indicate the Board/Committee(s) in which you are interested:

_____ Date Completed

1. Name:

Mr./Mrs./Ms.	Last	First	Middle/Maiden
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2. Business Address:

Company Name	Email Address
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Street	Suite/Room No.	City
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State	Zip Code	Area Code/Telephone No.	Facsimile No.
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3. Residence Address:

Street	Apartment/Unit No.	City
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State	Zip Code	County	Area Code/Telephone No.
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Email Address

Specify the preferred mailing address: Business ☐ Residence ☐

4. Have you ever used or been known by any other legal name?

Yes ☐ No ☐ If "yes," please provide:

5. Are you a United States citizen? Yes ☐ No ☐

6. Are you a naturalized citizen? Yes ☐ No ☐

7. Are you a full time Palm Beach County resident? Yes ☐ No ☐

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8. Education

A. High School _____

B. List all post-secondary educational institutions attended:

Name & Location

Dates Attended

Certificates/Degrees Received

9. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty was paid.)

Yes ☐ No ☐ If yes, please provide details:

10. Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes ☐ No ☐ If yes, provide the following information:

Position

Employing Agency

Period of Employment

11. State elements of your personal history that qualify you for this appointment.

12. Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment?

Yes ☐ No ☐ If yes, please list:

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13. Identify all association memberships and association offices held by you that may relate to this appointment:

14. Do you currently hold an office or position (appointive, civil service, or other) with any government?

Yes ☐ No ☐ If yes, please provide details:

15. Have you ever been refused a fidelity, surety, performance, or other bond?

Yes ☐ No ☐ If yes, please explain:

16. Have you held or do you hold an occupational or professional license or certificate in the State of Florida?

Yes ☐ No ☐ If yes, please provide the following details:

License/Certificate
Title & Number

Issue Date

Issuing Authority

17. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of action taken.

18. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you may be appointed?

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19. If required by law or administrative rule, will you file financial disclosure statements?

Yes ☐ No ☐

I certify that my answers are true and complete to the best of my knowledge. If this application leads to appointment, I understand that false or misleading information in my application may result in my release.

Signature: _____

Date: _____