



APPLICATION FOR APPOINTMENT - CITY COUNCIL SEAT 5

City of Palm Bay • 120 Malabar Road • Palm Bay, FL 32907
Phone: 321-952-3414 • www.palmbayflorida.org • Fax: 321-953-8971

Full Name:

Home Address:

City:

Telephone Number:

Zip Code:

Email Address:

Fax Number:

EMPLOYMENT

Employer:

Occupation:

Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Email Address:

Job Responsibilities:

EDUCATION

High School Name:

Location:

Years Completed:

Major/Degree:

College Business or Trade School:

Location:

Years Completed:

Major/Degree:

Professional School:

Location:

Years Completed:

Major/Degree:

Other:

Location:

Years Completed:

Major/Degree:

APPLICANT INFORMATION

Have you ever held a business tax receipt? Yes No *If yes, please provide the following:*

Title:

Issue Date:

Issuing Authority:

If any disciplinary action has been taken, please state the type and date of the action taken:

Disciplinary Action:

Disciplinary Date:

Are you a resident of the City? Yes No *If yes, how long?* Years Months

How long have you been a resident of Brevard County? Years Months

Are you a United States citizen? Yes No

Are you a registered voter of the City? Yes No

Are you employed by the City? Yes No *If yes, what department?*

Do you presently serve on a City board(s)? Yes No *If yes, please list board(s):*

Have you previously served on a City board(s)? Yes No *If yes, please list board(s):*

Are you currently serving on a board, authority, or commission for another governmental agency?

Yes No *If yes, what board(s):*

Have you ever been convicted or pled guilty to a criminal charge or pled nolo contendere (no contest) to a criminal charge? Yes No *If yes, what charge:*

Where:

When:

Disposition was: Convicted Pled Guilty Pled No Contest

Have your civil rights been restored? Yes No

Are you a member or participant of any community organizations? Yes No

If yes, please list:

What are your hobbies / interests?

Why do you want to serve on City Council?

APPLICATION CERTIFICATION

By filing this application with the City of Palm Bay and placing my signature below, I do hereby acknowledge the following:

1. This Application, when completed and filed with the Office of the City Clerk, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and is open to public inspection.
2. I am responsible for keeping the information on this form current and that any changes or updates will be provided to the Office of the City Clerk.
3. I consent to filing the Statement of Financial Interests. <http://www.ethics.state.fl.us>
4. If appointed, I acknowledge that it is my obligation and duty to comply with the following:

Code of Ethics for Public Officials (Florida Statutes, Chapter 112, Part III)
Florida Sunshine Law (Florida Statutes, Chapter 286)
<http://www.flsenate.gov/Statutes>

5. I understand the responsibilities associated with being a council member, and will have adequate time to serve on City Council.

The information provided on this form is true and correct, and consent is hereby given to the City Council or its designated representative to verify any and/or all information provided.

Signature:

Submit the application to:

City of Palm Bay
Office of the City Clerk
120 Malabar Road, SE
Palm Bay, Florida 32907

City of Palm Bay, Florida

RESIDENCY OF CANDIDATE AFFIDAVIT

I, _____, a candidate for the Office of City Council (check one);

- _____ Mayor
_____ City Council Seat 2
_____ City Council Seat 3
_____ City Council Seat 4
_____ City Council Seat 5

do hereby solemnly swear or affirm:

- 1) I have been a resident of the City of Palm Bay for at least two (2) years immediately preceding the selection date (April 13, 2023).
- 2) I am a registered voter of the City of Palm Bay, residing at a City address.
- 3) Have you ever been convicted of a felony? Yes _____ No _____
- If 'yes', have your civil rights been restored? Yes _____ No _____

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IT ARE TRUE.

Date

Signature of Candidate

Address: _____

City: _____ State: _____ Zip Code: _____



AUTHORIZATION TO OBTAIN FDLE BACKGROUND REPORT(S)

I hereby authorize the City of Palm Bay (the "City") to request and receive criminal history record information from the Florida Department of Law Enforcement (FDLE) or similar law enforcement/governmental agencies about me for purposes of City Council considering my application to be appointed to a current vacancy on the City Council, including but not limited to, for purposes of confirming my fitness for initial appointment to fill this vacancy, and any other use not prohibited by law. I acknowledge the criminal history report will be provided to City Council to aid in their decision making. I understand that I may withhold my permission and that in such a case, no investigation will be done, and the City Council will not consider my application to fill the vacant seat on City Council.

This Authorization is valid for current reports, and I specifically understand that the City intends for this Authorization to cover only my application for the current vacancy. I further understand that I am responsible for the costs associated with the criminal background check (\$24.00*).

Printed Name (First, Middle, Last)

Signature

Date

*Payable by check, cash or money order



Florida Department of Law Enforcement Criminal Record Check Form

Social Security #:
Last Name:
First Name:
Middle Initial:
Alias:
Street /Mail Address:
City/State:
Zip Code:
Sex: () Male () Female
Date of Birth:
HR ONLY (Initial when background check has been completed) <input type="text"/>

Employee #
Ethnic Code: _____ A =Asian/Pacific Islander, B =Black, W =White, I =American Indian/Alaskan Native, U =Hispanic