



## APPLICATION FOR APPOINTMENT - CITY COUNCIL SEAT 3

City of Palm Bay • 120 Malabar Road • Palm Bay, FL 32907  
Phone: 321-952-3414 • [www.palmbayflorida.org](http://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 (August 13, 2024).  
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: \_\_\_\_\_