Application for the TPO Citizens Advisory Committee

The information provided below will be used by the Planning Commission in considering appointments to the Transportation Planning Organization (TPO) Citizen Advisory Committee (CAC).

Applications are public record, and will be kept on file and may be released to the public upon request. The selected appointee will serve for a two-year term, at the will of the Planning Commission, and is expected to (1) regularly attend the CAC meetings, and (2) provide periodic status reports to a designated representative and/or the Planning Commission.

1. Name: _______________________________________________________________________
   Last       First       Middle/Maiden

2. Place of Employment: _______________________________________________________________________

   Job Title

   Street Address

   P. O. Box

   City, State

   Zip Code

   Phone #

   Fax #

   E-mail

3. Residence Address: _______________________________________________________________________

   Street

   Apt. #

   P. O. Box

   City, State

   Zip Code

   Phone #

   Fax #

   E-mail

4. Do you prefer to be contacted and to receive delivery of paper and electronic documents at your home or work address? Home______ Work______

Please Note: The following information will be used to satisfy Equal Opportunity reporting and research requirements.

5. Gender: Male______ Female______

6. Race: White, non-Hispanic (W)______; Hispanic (H)______; Black (B)______; American Indian/Alaskan Native (A)______; Asian/Pacific Islander (P)______

7. Date of Birth _____________________ Place of Birth _____________________

8. Are you a United States citizen? Yes______ No______
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? ____________

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 |
    |-----------------|----------------|---------|
    |                 |                |         |
    |                 |                |         |

13. Have you ever held a professional license or certificate?  ____________  ____________
    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 |
    |----------------------------|------------|------------------|
    |                            |            |                  |
    |                            |            |                  |

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?  ____________  ____________
    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?  ____________
    ____________
    If “Yes”, please explain:
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Date of Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________