

## CITY OF CAPE CORAL APPOINTMENT INFORMATION FORM

Initials: \_\_\_\_\_

**This Appointment Information Form, when completed, signed and filed with the City Clerk's Office, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person.**

**YOU ARE RESPONSIBLE TO KEEP THE INFORMATION ON THIS FORM CURRENT. APPLICATIONS WILL BE RETAINED IN THE CLERK'S OFFICE IN ACCORDANCE WITH STATE RECORDS RETENTION LAWS.**

Please Type, if possible (or print clearly) Date: \_\_\_\_\_

Name: \_\_\_\_\_  

(Last)
(First)
(Middle)

E-mail address: \_\_\_\_\_

Address: (H) \_\_\_\_\_ Zip Code \_\_\_\_\_

(O) \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Education: Highest education level achieved and institutions attended:

<u>Name &amp; Location</u>	<u>Dates Attended</u>	<u>Degrees Earned</u>

Have you ever held a professional or business license or certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please provide the title, issue date and issuing authority.

<u>License/Certificate Title</u>	<u>Issue Date</u>	<u>Issuing Authority</u>

Board(s) /Commission(s) for which you are applying:

\_\_\_\_\_

1. Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are you a Cape Coral Resident? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are you currently serving on a City Board(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which Board(s) and since when?

\_\_\_\_\_

4. Have you ever served on a City Board(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which Board(s) and when?

\_\_\_\_\_

5. Are you currently serving on a Board, Authority, or Commission for another governmental agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Board, etc. and since when?

\_\_\_\_\_

Work Experience:

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Community Involvement:

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Interests/Activities:

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Why do you desire to serve on this/these Board(s)?

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How did you learn about the vacancy?  Cape Coral Website  Newspaper  Facebook  Word of Mouth

**A resume or separate sheet with additional information may be included.**

Florida law requires that members of certain Boards file a financial disclosure form. Would you be willing to file a financial disclosure form? Yes  No

The City of Cape Coral Code of Ordinances, Section 2-60 has a limitation on offices held; however, this can be waived by a two-thirds (2/3) vote of City Council. If you are already serving on a Board, Authority, or Commission for the City of Cape Coral or for another governmental agency, you would have to be approved by a two-thirds (2/3) vote.

The City of Cape Coral Code of Ordinances, Section 2-57 states that an applicant for membership on a board, committee, or commission or a sitting member of those bodies shall not have any delinquent accounts with the City of Cape Coral at the time of appointment.

I understand the responsibilities associated with being a Board member, and I have adequate time to serve on the above Board(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any questions, please call the office of the City Clerk at (239) 574-0411. Return this form to:

**City of Cape Coral, City Clerk's Office, P.O. Box 150027, Cape Coral, Florida 33915-0027**

FOR OFFICIAL USE ONLY	
Interviewed:	Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
Council Action:	Date: _____

**CITY OF CAPE CORAL**  
**REQUEST FOR CONFIDENTIALITY OF PERSONAL INFORMATION FROM PUBLIC RECORD**

NAME: \_\_\_\_\_

EMPLOYEE#: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

Pursuant to Florida Statutes §119.071, I request that my/my spouse/my children's home address, telephone numbers, social security number, date of birth, photographs, places of employment of my spouse and children, name and location of schools/day care centers attended by my children, be exempt from disclosure from public records during my employment with the City of Cape Coral and thereafter.

**Check one:** I am \_\_\_\_\_, I am the Spouse of \_\_\_\_\_, I am the child of \_\_\_\_\_

**Check one below:**

\_\_\_\_\_ **Abuse Investigators for Department of Children and Families and Department of Health**

Scope of exemption: Active or former personnel of the Department of Children and Families whose duties include the investigation of abuse, neglect, exploitation, fraud, theft or other criminal activities; and active or former personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect

\_\_\_\_\_ **Audit Department Personnel**

Scope of exemption: Current or former personnel employed in an agency's office of inspector general or internal audit department whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline.

\_\_\_\_\_ **Child Advocacy Personnel**

Scope of Exemption: Current or Former directors, managers, supervisors, and clinical employees of a child advocacy center that meets the standards of s. 39.3035(1), 39.3035(2) & 39.303.

\_\_\_\_\_ **Code Enforcement Officers**

Scope of exemption: Current or former code enforcement officers- City Ord. 55-07, Sec. 2-82.1

Code enforcement officers, building official, deputy building officials, chief inspectors, building inspectors (regardless of designations), engineering inspectors, city ordinance inspectors, and landscape inspectors of the city's Department of Community Development, law enforcement officers and Public Service Aides of the City Police Department, licensing investigators of the City Clerk's Office, zoning inspectors, building officials, deputy building officials, chief inspectors, lead structural inspectors, lead roofing inspectors, lead plumbing/mechanical inspectors, lead electrical inspectors, lead combination inspectors and landscape inspectors of the City's Department of Community Development, Financial Services Director, customer billing services manager(s), business systems analyst(s), customer billing services research specialist(s), and field service representatives of the City's Financial Services Department **are hereby designated to be code enforcement officers** and are authorized to issue notices of violation as code inspectors and to request the City's special magistrate (s) to hear cases in which there has been non-compliance. Other employees or agents of the city may, by resolution of the city council, be designated as code enforcement officers.

\_\_\_\_\_ **County Tax Collectors**

Scope of exemption: County tax collectors, if the tax collector has made reasonable efforts to protect such information from being accessible through other means available to the public

\_\_\_\_\_ **Emergency Medical Technicians/Paramedics**

Scope of exemption: Current/Former EMT's/Paramedics certified under Ch. 401, F.S. - 119.071(4)(d)2.q. Florida Statutes

\_\_\_\_\_ **Firefighters**

Scope of exemption: Firefighters certified in compliance with s. 633.408, F.S.

\_\_\_\_\_ **Guardian Ad Litem**

Scope of exemption: Current or former guardian ad litem, as defined in s. 39.820, F.S., if the guardian ad litem provides a written statement that the guardian ad litem has made reasonable efforts to protect such information from being accessible through other means available to the public

\_\_\_\_\_ **Human Resource Managers for Local Governments**

Scope of exemption: Current or former human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.

\_\_\_\_\_ **Impaired Practitioner Consultants**

Scope of exemption: Current or former impaired practitioner consultants retained by an agency or current or former employees of an impaired practitioner consultant whose duties result in a determination of a person's skill and safety to practice a licensed profession

**\_\_\_\_\_ Investigators and Inspectors of the Department of Business and Professional Regulation**

Scope of exemption: Current or former investigators or inspectors of the Department of Business and Professional Regulation if the individual has made reasonable efforts to protect such information from being accessible through other means available to the public

**Judges, Magistrates, and Hearing Officers**

**\_\_\_\_\_ State Administrative Law Judges, Magistrates, and Child Support Hearing Officers**

Scope of exemption: General magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support enforcement hearing officers, if the individual provides a written statement that he or she has made reasonable efforts to protect such information from being accessible through other means available to the public

**\_\_\_\_\_ State Court Justices and Judges**

Scope of exemption: Current or former Justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges

**\_\_\_\_\_ Juvenile Justice Juvenile Probation and Detention Officers and Counselors**

Scope of exemption: Current or former juvenile probation officers and supervisors, detention superintendents and assistant superintendents, juvenile justice detention officers and supervisors, juvenile justice residential officers and supervisors, juvenile justice counselors, supervisors, and administrators, human services counselor administrators, rehabilitation therapists and social services counselors of the Department of Juvenile Justice

**\_\_\_\_\_ Law Enforcement and Correctional Personnel**

Scope of exemption: Active or former sworn or civilian law enforcement personnel, including correctional and correctional probation officers

**\_\_\_\_\_ Personnel of the Department of Health with specified duties**

Scope of exemption: Current or former personnel of the Department of Health whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health, if the personnel have made reasonable efforts to protect such information from being accessible through other means available to the public.

**\_\_\_\_\_ Prosecutors**

Scope of exemption: Current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors.

**\_\_\_\_\_ Public Defenders and other specified counsel**

Scope of exemption: Current or former public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel.

**\_\_\_\_\_ Public Guardians**

Scope of exemption: Current or Former Public Guardians and employees with fiduciary responsibility. FS 744.21031

**\_\_\_\_\_ Revenue Collection and Enforcement or Child Support Enforcement**

Scope of exemption: Active or former personnel of the Department of Revenue or local governments whose duties include revenue collection and enforcement or child support enforcement

**\_\_\_\_\_ Other Applicable Exemption:** Please cite exemption \_\_\_\_\_

\_\_\_\_\_ Under penalty of perjury, I hereby affirm that I have made reasonable efforts to protect the information for which I am requesting protection from being accessible through other means available to the public. **(Must be checked)**

Type/Print your name to confirm your request for exemption: \_\_\_\_\_

TODAY'S DATE  
(mm/dd/yyyy)

**This document must be signed in the presence of a Notary.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] audio-video communication technology, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by

\_\_\_\_\_ who [ ] is personally know to me or [ ] produced \_\_\_\_\_ as identification.

(STAMP)

\_\_\_\_\_  
Signature of Notary Public or Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public or Deputy Clerk