

SCHOOL BOARD OF HIGHLANDS COUNTY
Application for Appointment
Half-Cent Sales Surtax Citizen Advisory Committee

Please submit by November 15, 2016.

Thank you for expressing interest to be considered for appointment by the School Board to the Citizen Advisory Committee. The School Board appreciates your willingness to serve your fellow county residents in a volunteer capacity. Please complete this application to the best of your knowledge. Please note if attachments are included in the appropriate section(s).

EMPLOYEES OF THE SCHOOL BOARD OF HIGHLANDS COUNTY MAY NOT SERVE AS VOTING MEMBERS OF THE ADVISORY COMMITTEE.

Name: _____

Address: _____ Zip Code: _____

Phone #: _____ E-mail address: _____

How long have you been a legal resident of Highlands County? _____

Most recent occupation/employer: _____

I am ____ I am not ____ a registered voter in Highlands County, Florida.

List all active professional licenses and certifications (*if applying as a representative of a technical field*):

Educational background: _____

Past work experience: _____

Please list all civic clubs, professional organizations, public interest groups and other not-for-profit organizations of which you are a member or in which you have been active in the last three years, particularly those in Highlands County (*not required for appointment*).

Please indicate any companies/industries doing business with Highlands County School District in which you have a financial interest (i.e., proprietary, partnership, stock holdings, etc.)

Please describe your involvement with public schools, particularly those in Florida and Highlands County, and your general interest in public education:

List three (3) personal or professional references:

- 1. _____
- 2. _____
- 3. _____

You may use this space for a brief biographical sketch or to list other skills you possess that are relevant to this position. (Please indicate in the space below if you are attaching your resume. Note: resumes are not required for consideration, nor will inclusion of a resume give any applicant more favorable consideration.)

Resume attached:

All information provided, including E-mail address if one is provided, will become a matter of public record and will be open to public inspection (*including radio, newspaper, media*). If you require special accommodations because of a disability to participate in the application/selection process, you must notify the School Board in advance to allow for reasonable accommodation.

I hereby authorize the School Board of Highlands County or its representatives to verify all information provided and I further acknowledge the release of any information by those in possession of such information which may be requested through public records requests. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that a volunteer position provides for no compensation except that as may be provided by Florida Statutes or other enabling legislation, and that if appointed, I shall serve at the pleasure of the School Board of Highlands County.

Signature: _____ Date: _____

Please return completed application by mail or E-mail to.

Mailing address:
 Wally Cox
 Superintendent of Schools
 426 School Street
 Sebring, FL 33870
 Phone: 863-471-5564 Fax: 863-471-5622

E-mail address:
CAC@highlands.k12.fl.us