



APPLICATION FOR CAREERSOURCE NCFL MEMBERSHIP

PLEASE NOTE: Your application will remain active in the CareerSource NCFL Office for one (1) year. Resumes may be included; however, the application **MUST** be completed.

Today's Date: _____

I. Name: _____

County of Residence: Alachua Bradford Other _____

II. Organization/Employer Name: _____

Occupation/Title: _____

Prior Occupation if retired: _____

Organization Address: _____

Organization is located in: Alachua County Bradford County

Number of Employees in Company: _____ Phone Number _____

Alternate Number _____ Fax Number _____

Email Address: _____

CSNCFL utilizes both email and phone calls for notices, invites and reminders to events and meetings. Please indicate which email address and/or phone number you would like to be contacted on.

Email _____

Phone _____

III. Demographic Data **(Optional)**:

a. Gender Female Male

b. Race White African American / Black Asian
Hispanic Native American Other _____

c. Citizenship U.S. Citizen or Naturalized Citizen Lawfully Admitted Alien or Refugee

d. Veteran / Active Military No Yes, Branch _____

e. Educational Degrees, College or University, type of degree, include specialized training:



IV. What is your interest in becoming a member of the CareerSource NCFL Board?_____

V. What special experience/training or qualifications do you have that you could bring to the Board?

VI. Other current or previous Board membership (include offices held or committee):

VII. Any personal information you wish to share with us (Marital Status/Partner's Name/Children and Hobbies):

VIII. Conflicts of Interest (Any known or potential conflicts of interest which may be applicable to my membership on CareerSource NCFL Board) are as follows: If none, so indicate:_____

IMPORTANT INFORMATION:

Membership on the CareerSource NCFL Board will involve financial disclosure or the submission of other information. Please indicate where you would like us to send your annual financial disclosure form:

My Business Address

My Home Address _____

Signature

Date

Please return this application to: **Board Coordinator**
CareerSource NCFL
10 NW 6th Street
Gainesville, FL 32601



Office Use Only:	<input type="checkbox"/> Replacement	<input type="checkbox"/> New Position	<input type="checkbox"/> Renewal	Position Number: _____
Representation for WIOA Purposes _____				
Date Application delivered to Alachua/Bradford County Office: _____				