



ISLAND CITY UNIVERSITY

APPLICATION

Date: _____

Name: _____ Email Address: _____

Home Address: _____ Wilton Manors, FL (zip) _____

Home #: _____ Work #: _____ Cell #: _____

Driver's License/Florida ID #: _____

Occupation: _____

Emergency Contact (Name and Tel#): _____

Length of Residence in Wilton Manors (if applicable) _____ Years _____ Months

How did you hear about Island City University? (circle)

Email _____ Website _____ Town Crier _____ word of mouth _____ Other (please explain): _____

EXPERIENCE:

Please list previous municipal (or other government agency) experience:

HOBBIES/INTERESTS:

Tell us a bit about yourself:

DISCLOSURES:

1. Have you been convicted of a felony in the last 15 years? _____ If yes, please

list: _____

2. Do you have any felony charges pending? _____ If yes, please list: _____

3. Is there any other information that you would like to disclose in connection with this application? _____

If yes, please do so here: _____

Please CIRCLE shirt size: XS SMALL MED LARGE XL XXL XXXL

Please affirm and acknowledge that you understand and agree to the following (mark each box):

I understand that in accordance with Florida Sunshine Law, this information becomes public record and may be subject to public review.

I certify that the information in this application is true and complete to the best of my knowledge. I also grant permission for the City of Wilton Manors to verify the information contained in this application and to review my criminal history.

Misrepresentation of any information or qualifications given on this application may cause automatic removal from the class.

Signature: _____ Date: _____

Please mail, fax or email your completed application along with a clear copy of your Florida issued driver's license (or a copy of your government issued identification card or passport) to:

City of Wilton Manors
Island City University
2020 Wilton Drive
Wilton Manors, Florida 33305
Phone (954) 390-2123