APPLICATION FOR APPOINTMENT – Martin County Local Technology Planning Team – Please print

Type of Member: ☐ Martin County Health Care Provider Representative ☐ Local Broadband & Internet Service Provider Representative	,
☐ Local Broadband & Internet Service Provider Representative ☐ Martin County School District Check One: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.	
Name: Todd Adrian	RECEIVED By Donna Gordon at 2:45 pm, Dec 09, 202
Residence Address: 1939 SE Federal Highlay	Street - City - Zip Code
Mailing Address: MA (if different)	Street - City - Zip Code
Commission District in which you reside: If left blank, Sta	aff will complete.
Are you available year round to attend meetings? ☐ yes ☐ no If no,	what months <u>are</u> you available?
Telephone numbers: daytime: 219-1200Ex3036 liternate: Area Codes are considered 772 unless you note otherwise. EMAIL: 91r(qn+@)martin SChools-ovg	alternate:
Have you ever pled guilty or "no contest" to a crime, been convicted of a prosecution deferred, been placed on probation, received a suspended sent with any offense (except minor traffic violations)? Please show all convictions (DUI) convictions. □ yes ☑ no If yes, please provide the following informa	tence or forfeited bail in connection s, including driving while intoxicated
TYPE OF OFFENCES: WA	
DATES: MA	
PLACES (city/state):	
SENTENCES OR FINES: MA	
A conviction record does not necessarily disqualify you for consideration. Fac nature of violation, and rehabilitation will be considered. The Martin Count retains the right to remove, at will, any appointee to a Board or Committee wi	y Board of County Commissioners
Education/Experience: Doctor of Education - University of	of West Flyida



Employment Experience: Martin County School District - Current
Indian River State College -2012-2021
Community Experience and Affiliations: Liwanis - 2019-2021
Other County Boards/Committees/Task Forces on which you have served:
Do you or any member of your immediate family work for Martin County or hold a position that might conflict with your duties for this Board/Committee/Task Force? If yes, please explain:
REFERENCES: Please list two references:
Dr. Tracey Miller (MCSD) Dr. John Millay (MCSD)
• Applicants <i>may</i> be required by State Law and County Ordinance to file a Financial Disclosure Statement as part of the appointment process.
• Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true. (Pursuant to Section 92.525 Florida Statutes, falsifying this application is a Third Degree Felony punishable by up to five years imprisonment and up to a \$5,000 fine.)
 Florida law prohibits an advisory board member from doing business with its agency (the County). Section 112.313(3) and (7), Fla Stat.
Signature:

Applications must be filed with Martin County Administration, 2401 SE Monterey Road, Stuart, Florida 34996 ASAP. All information submitted becomes public record. If you have any questions, please call (772) 221-1352 or send email to dgordon@martin.fl.us.