APPLICATION FOR APPOINTMENT – Martin County Animal Care and Control Oversight Board – Please print

Type of Member:

At-Large – must be a Martin County resident licensed in Veterinary Medicine or are animal care
professionals with shelter experience Please submit a curriculum vitae or resume informing of
your education and complete work experience in the field of veterinary medicine or shelter
experience and current licensing authorizing you to practice in the State of Elorida.
Penresentative from Entity Contracted for the Provision of Animal Care, Contracted Signature

 Representative from Entity Contracted for the Provision of Animal Care, Control, and Disposition I Services
Representative from the Sheriff's Office Animal Services Unit

Check One: 🗆 Mr. 🗆 Mrs. 🗆 Ms. 🗆 Miss 🗸 Dr.	
Name: Mex Sertell INCUMBENT	
Residence Address: 23 Midgeland Dr Stuart Fl Street - City-	59996 Zip Code
Mailing Address:	Zip Code
Commission District in which you reside: If left blank, Staff will complete.	
Are you available year round to attend meetings? 🖾 yes 🗆 no If no , what months <u>are</u> you av	vailable?
Telephone numbers: daytime: <u>772-285-179</u> alternate: alternate: alternate:	

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred, been placed on probation, received a suspended sentence or forfeited bail in connection with any offense (except minor traffic violations)? Please show all convictions, including driving while intoxicated (DUI) convictions. \Box yes Δ no If yes, please provide the following information:

scritel_rabellsouthine

PLACES (city/state):

EMAIL:

SENTENCES OR FINES:

A conviction record does not necessarily disqualify you for consideration. Factors such as age at time of offense, nature of violation, and rehabilitation will be considered. The Martin County Board of County Commissioners retains the right to remove, at will, any appointee to a Board or Committee with or without cause.



E	ducation/Experience: Dator of Veterinary Medicini
E	mployment Experience: MCAMC PZyenis
– C	community Experience and Affiliations:
- C	other County Boards/Committees/Task Forces on which you have served:
	o you or any member of your immediate family work for Martin County or hold a position that might onflict with your duties for this Board/Committee/Task Force? If yes, please explain:
R	EFERENCES: Please list two references:
•	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: Date: 2/17/23 Applications must be filed with Martin County Administration, 2401 SE Monterey Road, Stuart, Florida