

APPLICATION FOR APPOINTMENT COUNTY BOARDS, COMMITTEES, TASK FORCES

PLEASE PRINT *

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Type of Member:			
Fire Rescue Department			
☐ Martin County Medical Dir			
Representative from Eme			
☐ Representative from the Ir			ramedic program
☐ Representative from the M	•	Sheriff's Office	
Representative from the C	•		
☐ Representative from the T			
Representative from the T			
☐ A lay-person to be appointed		Administrator	
☐ ALTERNATE for any of th	e above		RECEIVED
Ohaali Oraa E Maa			By Donna Gordon at 2:58 pm, Jan 18, 2019
Check One: ☐ Mrs. ■ Mr.	⊔ Ms. ⊔ Mi	_	_
Name: William A. Sch	nobel, Fire	e Chief Incu	mbent
200.9	SE Monte	erey Road, Stuart,	El 3/00/
Residence Address: 0003	JE MONIC	rey Road, Stuart,	
			Street/City/Zip Code
NA - Iliano Andalana			
Mailing Address:			Stroot/City/Zin Code
(if different)			Street/City/Zip Code
Commission District in which	vou reside:	Staff will comp	lete.
Are you available year round	to attend mee	tings? ■ yes □ no If no,	what months are you available?
	772-288-5	636	
Telephone numbers: daytime:		alternate:	alternate:
Area Codes are considered 772 unless			
EMAIL: wschobel@m	artin.fl.us		
EIVIAIL.			
Have you ever pled quilty or "r	o contest" to a	a crime been convicted of a	a crime, had adjudication withheld,
			tence or forfeited bail in connection
			onvictions, including driving while
intoxicated (DUI) convictions.	lyes 🗏 no If	yes, please provide the follow	ving information:
TYPE OF OFFENSE	DATE	PLACE (City, State)	SENTENCE OR FINE
A conviction record does not n	ecessarily disc	qualify you for consideration	Factors such as age at time of

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.



Board or Committee with or without cause.
EDUCATION/EXPERIENCE: A resume is recommended to be attached containing this and any other information that would be helpful to the Board in evaluating your application. Resume or letter of qualifications attached? ☐ yes ☐ no ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Education:
Employment Experience:
Other experience you feel would be helpful to the Board in making this appointment:
Community Experience and Affiliations:
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:
 Applicants may be required by State Law and County Ordinance to file a Financial Disclosure Statement as part of the appointment process. This is not currently required. 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 diong business with its agency (The County). Section 112.313(3) and (7), Fla. Stat.

Applications must be filed with Martin County Administration, 2401 SE Monterey Road, Stuart, Florida 34996 by Friday, January 18, 2019. All information submitted becomes public record. If you have any questions, please call (772) 221-1352 or send email to dgordon@martin.fl.us.