

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC.... IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.

The Office of the Attorney General
PL-01, The Capitol
Tallahassee, Florida 32399
(850) 487-1963

QUESTIONNAIRE

-----for-----

GUBERNATORIAL APPOINTMENTS

FOR THE GOVERNOR'S APPOINTMENT OFFICE
The Capitol, Tallahassee, FL 32399-0001

The information from this page has been requested and will be used exclusively by the GOVERNOR'S OFFICE.
Please type or use black ink.

1. Board of Interest: _____

2. Current Employer and Occupation :

3. Are you applying for reappointment: _____

Yes

No

*4. Do you have a disability? Yes No If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

*5. Sex: Male Female

*6. Race: White Native-American/Alaskan Native

Hispanic-American Asian/Pacific Islander

African-American

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies or practices, and state whether you intended to continue as a member if you are appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

Applicant's Name, including name
commonly used (Please Print)

*This information will be used to provide demographic statistics and is not requested for the purposes of discriminating on any basis.

BIOGRAPHICAL QUESTIONNAIRE

 Date Completed

1. Name: _____
 MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN

2. Business Address: _____
 STREET OFFICE # CITY

POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Residence Address: _____
 STREET CITY COUNTY

POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business _____ Residence _____

E-mail address (optional) _____

Cell Phone # (_____) _____ - _____ Fax # (optional) _____

4. A. List all your places of residence for the last five (5) years.

ADDRESS CITY & STATE FROM TO

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

ADDRESS CITY & STATE FROM TO

5. Date of Birth: _____ Place of Birth: _____

6. Social Security Number: _____

7. Driver License Number: _____ Issuing State: _____

8. Have you ever used or been known by any other legal name? Yes _____ No _____ If "Yes," explain: _____

9. Are you a United States citizen? Yes _____ No _____ If "No," explain: _____

If you are a naturalized citizen, date of naturalization: _____

10. Since what year have you been a continuous resident of Florida? _____

11. Are you registered to vote? Yes _____ No _____ If "Yes," list:

A. State and County of registration: _____ B. Current party affiliation: _____

12. Education

A. High School: _____ Year Graduated: _____

(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

NAME & LOCATION DATES ATTENDED CERTIFICATES/DEGREES & DATE RECEIVED

13. Are you or have you ever been a member of the armed forces of the United States? Yes _____ No _____ If "Yes," list:

A. Dates of service: _____

B. Branch or component: _____

C. Date & type of discharge: _____

14. Have you ever been the subject of a complaint or investigation that included allegations that you discriminated against or harassed someone in the workplace, including but not limited to: sexual harassment, or discrimination based on color, race, national origin, gender, age, religion, disability, familial status, marital status, or sexual orientation? Yes _____ No _____ If "Yes," explain:

DATE EMPLOYER NATURE OF ALLEGATION DISPOSITION

15. In your entire life, have you ever been arrested, detained, or restrained for, charged or indicted with, or taken into custody or accused formally or informally of a violation of any federal, state, county, or municipal law, regulation, or ordinance? (This includes felonies and/or misdemeanors. You must include DUI violations, but you may exclude other traffic violations for which a fine or civil penalty of \$250 or less was paid.) Yes _____ No _____ If "Yes," explain:

DATE PLACE NATURE OF CHARGE DISPOSITION

16. Have you ever been a defendant, counter-defendant, cross defendant, respondent, or third party defendant in any non-criminal court proceeding? Yes _____ No _____ If "Yes," please list each action below, including any pending court proceedings.

DATE COURT NATURE OF PROCEEDINGS PLAINTIFFS DEFENDANTS DISPOSITION

17. Have you ever been a plaintiff or petitioner in a non-criminal court proceeding of any kind? Yes _____ No _____ If "Yes," please list each action below, including any pending court proceedings.

DATE COURT NATURE OF PROCEEDINGS PLAINTIFFS DEFENDANTS DISPOSITION

18. Has a court ever entered a judgment against you, monetary or otherwise, regardless of whether it has been satisfied or is in the process of being appealed? Yes _____ No _____ If

"Yes," explain:

DATE COURT NATURE OF PROCEEDINGS PLAINTIFFS DEFENDANTS DISPOSITION

19. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME & ADDRESS TYPE OF BUSINESS OCCUPATION/JOB TITLE PERIOD OF EMPLOYMENT

20. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes _____ No _____ If "Yes," identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

POSITION EMPLOYING AGENCY PERIOD OF EMPLOYMENT

21. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes _____ No _____ If "Yes," list:

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes _____ No _____ If "Yes," list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

22. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes _____ No _____ If "Yes," list:

23. A. Have you ever been elected or appointed to any public office in this state? Yes _____ No _____ If "Yes," state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE DATE OF ELECTION OR APPOINTMENT TERM OF OFFICE LEVEL OF GOVERNMENT

B. If this appointment is a re-appointment to the board, committee, or council on which you currently serve:

(1) How frequently were meetings scheduled: _____

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED MEETINGS MISSED REASON FOR ABSENCE

24. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes _____ No _____ If "Yes," give details:

DATE NATURE OF VIOLATION DISPOSITION

25. Have you ever been suspended from any office by the Governor of the State of Florida? Yes _____ No _____ If "Yes," list:

A. Title of office: _____ C. Reason for suspension: _____
B. Date of suspension: _____ D. Result: Reinstated ____ Removed ____ Resigned ____

26. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes ____
No ____ If "Yes," list:

A. Title of Office: _____
B. Term of Appointment: _____
C. Confirmation results: _____

27. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ____ No ____ If "Yes,"
explain: _____

28. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes
____ No ____ If "Yes," provide the title and number, original issue date, and issuing authority. If any disciplinary
action (for example, fine, probation, suspension, revocation, disbarment) has ever been taken
against you by the issuing authority, state the type and date of the action taken:

| <u>LICENSE/CERTIFICATE TITLE & NUMBER</u> | <u>ORIGINAL ISSUE DATE</u> | <u>ISSUING AUTHORITY</u> | <u>DISCIPLINARY ACTION/DATE</u> |
|---|--------------------------------|--------------------------|---------------------------------|
|---|--------------------------------|--------------------------|---------------------------------|

29. A. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or
other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including
the office or agency to which you have been appointed or are seeking appointment? Yes ____ No ____ If "Yes,"
explain:

| <u>NAME OF BUSINESS</u> | <u>YOUR RELATIONSHIP TO BUSINESS</u> | <u>BUSINESS' RELATIONSHIP TO AGENCY</u> |
|-------------------------|--------------------------------------|---|
|-------------------------|--------------------------------------|---|

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members
of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings
during the last four (4) years with any state or local governmental agency in Florida, including the office or agency
to which you have been appointed or are seeking appointment? Yes ____ No ____ If "Yes," explain:

| <u>NAME OF BUSINESS</u> | <u>FAMILY MEMBER'S RELATIONSHIP TO YOU</u> | <u>FAMILY MEMBER'S RELATIONSHIP TO BUSINESS</u> | <u>BUSINESS' RELATIONSHIP TO AGENCY</u> |
|-------------------------|--|---|---|
|-------------------------|--|---|---|

30. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the
past five (5) years? Yes ____ No ____

A. Did you receive any compensation other than reimbursement for expenses? Yes ____ No ____

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>AGENCY LOBBIED</u> | <u>PRINCIPAL REPRESENTED</u> |
|-----------------------|------------------------------|
|-----------------------|------------------------------|

31. List three persons who have known you well within the past five (5) years. Include a current, complete address
and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>NAME</u> | <u>MAILING ADDRESS</u> | <u>ZIP CODE</u> | <u>AREA CODE/PHONE NUMBER</u> |
|-------------|------------------------|-----------------|-------------------------------|
|-------------|------------------------|-----------------|-------------------------------|

32. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a
member, or of which you have been a member during the past five (5) years, the organization address(es), and
date(s) of your membership(s).

| <u>NAME</u> | <u>MAILING ADDRESS</u> | <u>OFFICE(S) HELD & TERM</u> | <u>DATE(S) OF MEMBERSHIP</u> |
|-------------|------------------------|----------------------------------|------------------------------|
|-------------|------------------------|----------------------------------|------------------------------|

33. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes _____ No _____ If "Yes," explain:

34. If required by law or administrative rule, will you file financial disclosure statements? Yes _____ No _____

CERTIFICATION

STATE OF _____
COUNTY OF _____

Under penalties of perjury, I, _____, duly swear and affirm: (1) that I have carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true to the best of my knowledge and belief; and (3) that I will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Signature of Applicant-Affiant