



# Board and Commission Application for Appointments by the President of the Florida Senate



## **Instructions for Submitting the Application for Senate Board and Commission Appointments**

Complete this form in its entirety and return to the Office of the Senate President.

This form may be completed online\* and submitted electronically to [appointments@flsenate.gov](mailto:appointments@flsenate.gov).

This form may be completed online, printed, faxed to (850) 487-5087, or mailed to:

Office of the Senate President  
Attn: Board and Commission Appointments  
Suite 409 Capitol  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Contact the President's office at (850) 487-5229 with any questions or concerns.

*\*If you fill out the Application online and want to keep an electronic copy on your computer, use the "Save As" command under the "File" menu, and save the document to your hard drive. If you close the document without saving, your information will be lost.*

# APPLICATION FOR SENATE BOARD AND COMMISSION APPOINTMENTS

<https://www.flsenate.gov/Offices/President/Appointments>

1. Board(s) of Interest: \_\_\_\_\_

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## Personal Information

2. Name: \_\_\_\_\_  
Dr./Mr./Mrs./Ms.                      First                      Middle/Maiden                      Last                      Suffix (Jr./Sr./III/etc.)

\_\_\_\_\_  
Nickname/Preferred Name

3. Have you ever been known by any other name?  Yes       No

If yes, give your other name(s) and explain: \_\_\_\_\_

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4. Spouse's Name: \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Provide the address you prefer correspondence, regarding this application, be sent:  
\_\_\_\_\_

7. Your Gender:  Male     Female       Prefer not to disclose

8. Describe yourself within one or more of the categories below. This information is requested pursuant to Section 760.80, Florida Statutes. [Access the Statute online.](#)

Prefer not to disclose

- |  |  |
|--|--|
| <input type="checkbox"/> Caucasian           | <input type="checkbox"/> "American woman"      |
| <input type="checkbox"/> "African-American"  | <input type="checkbox"/> "physically disabled" |
| <input type="checkbox"/> "Hispanic-American" |  |
| <input type="checkbox"/> "Asian American"    |  |
| <input type="checkbox"/> "Native-American"   |  |

9. Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Month/Day/Year City State Country

10. As of what date have you been a continuous resident of Florida? \_\_\_\_\_  
Month/Day/Year

11. Are you a U.S. Citizen?  Yes  No  
If you are a naturalized citizen, give the date of naturalization: \_\_\_\_\_  
Month/Day/Year

12. Are you registered to vote in Florida?  Yes  No  
County of Registration \_\_\_\_\_ Party Affiliation \_\_\_\_\_

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No   
Dates of Service: \_\_\_\_\_ Branch or Component: \_\_\_\_\_  
Date and Type of Discharge: \_\_\_\_\_  
Did you serve in combat?  Yes  No

### Contact Information

14. Residence: \_\_\_\_\_  
Street City County Zip Code  
\_\_\_\_\_  
Post Office Box City County Zip Code  
\_\_\_\_\_  
Telephone: (area code) number Mobile: (area code) number

15. Business: \_\_\_\_\_  
Business Name  
\_\_\_\_\_  
Street City County Zip Code  
\_\_\_\_\_  
Post Office Box City County Zip Code  
\_\_\_\_\_  
Telephone: (area code) number FAX: (area code) number

## Employment

16. Provide the requested information for your current and all employers within the last 5 years:

A. \_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Type of Business Occupation/Job Title Dates of Employment

B. \_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Type of Business Occupation/Job Title Dates of Employment

C. \_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Type of Business Occupation/Job Title Dates of Employment

D. \_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Type of Business Occupation/Job Title Dates of Employment

E. \_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Type of Business Occupation/Job Title Dates of Employment

## Education

17. High School: \_\_\_\_\_  
Name City State

18. Postsecondary Institutions:

Name and Location Dates Attended Certificate/Degree Earned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Special Qualifications

19. List any of your special qualifications you consider relevant to being appointed to a board, commission, council, or committee, including any type of licensure or certification you hold, including any civic, professional, or political organizations to which you belong.

<u>Type or Name of License or Certificate</u>	<u>Number</u>	<u>Granting Agency</u>	<u>Date Granted</u>
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<u>Name of Civic, Professional, or Political Organization</u>	<u>Office(s) Held</u>	<u>Membership Start Date</u>
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20. Give any additional information you consider relevant to your appointment to a board, commission, council, or committee. \_\_\_\_\_

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## Ethical Disclosure

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

22. Have you been a registered lobbyist, or have you lobbied, at any level of government at any time during the past four years?  Yes  No

*If yes, other than reimbursements for expenses, please provide:*

<u>Agency Lobbied</u>	<u>Principal(s) Represented</u>	<u>Date(s)</u>	<u>Compensation Received</u>
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23. Have you or any business with which you are or have been affiliated as an owner, officer, or employee ever held any contractual dealings during the last four years with any state, district, or local governmental agency in Florida?

Yes  No

*If yes, please provide:*

<u>Business Name</u>	<u>Your Relationship to Business</u>	<u>Agency</u>	<u>Business's Relationship to Agency</u>
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# Public Service

30. Are you currently or have you ever been elected to any public office in Florida?  Yes  No

*If yes, please provide:*

<u>Office Title</u>	<u>Date of Election</u>	<u>Term of Office</u>	<u>Level of Government</u>
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31. Have you ever been appointed to any public office in Florida?  Yes  No

*If yes, please provide:*

<u>Office Title</u>	<u>Date of Appointment</u>	<u>Term of Office</u>	<u>Level of Government</u>
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32. If your services was on an appointed board, commission, council, or committee, how frequently were meetings scheduled? \_\_\_\_\_

*If you missed any regularly scheduled meetings, please provide:*

<u>Number of Meetings Attended</u>	<u>Number of Meetings Missed</u>	<u>Reason for Absence(s)</u>
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33. Have you previously been appointed to any office that required confirmation by the Florida Senate?  Yes  No

*If yes, please provide:*

<u>Title of Office</u>	<u>Term of Appointment</u>	<u>Result of Confirmation</u>
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34. Have you ever been employed by any state, district, or local governmental agency in Florida?  Yes  No

*If yes, please provide:*

<u>Position</u>	<u>Employing Agency</u>	<u>Dates of Employment</u>
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## References

35. List three persons who have known you well within the past five years and provide the requested information on each person. Exclude relatives and Members of the Florida Legislature.

A. \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Telephone: (area code) number

B. \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Telephone: (area code) number

C. \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Telephone: (area code) number

## Authorization and Certification

- I authorize the Office of the Senate President to verify all information contained in this application and I acknowledge that pursuant to Senate policy my application is subject to review by the public in accordance with Art. 1, s. 24 of the Florida Constitution.
- Prior to my appointment by the Senate President, I agree to voluntarily submit my Social Security number (SSN) and driver's license number (DLN) to the Office of the Senate President for the sole purpose of conducting a background investigation relating to my appointment. I acknowledge that if I provide my SSN and DLN, they will remain confidential and exempt from disclosure, except for the purposes stated herein or as provided by law. I understand that my failure to provide my SSN or DLN may preclude my appointment.
- I certify that the above statements are true and complete to the best of my knowledge. I further understand that any misrepresentations or false statements made by me on this application, or any supplement hereto, may be grounds for immediate discharge and/or rejection from consideration for further appointments.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date