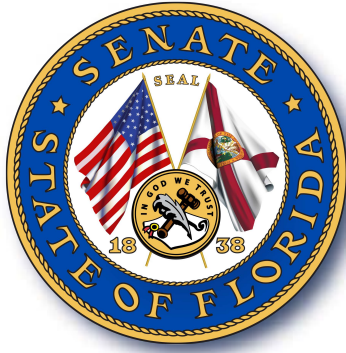


Board and Commission Application for Appointments by the President of the Florida Senate



Instructions for Submitting the Application for Senate Board and Commission Appointments

This form may be typed, hand written, or filled out online and printed. Mail completed, signed, and notarized forms to:

Office of the Senate President
Board and Commission Appointments
404 South Monroe Street
Suite 409 Capitol
Tallahassee, FL 32399-1100
(850) 487-5229 Telephone
(850) 487-5844 FAX

To access this form online, go to: <http://www.flsenate.gov/appointments>

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.

Both the Application and Background Investigation Waiver must be notarized.

APPLICATION FOR SENATE BOARD AND COMMISSION APPOINTMENTS

This form must be completed in full, signed, and notarized.

1. Board(s) of Interest: _____

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: _____

4. Spouse's Name: _____

5. Residence: _____
Street City County Zip Code

Post Office Box City County Zip Code

Telephone: (area code) number Mobile: (area code) number

6. Business: _____
Business Name

Street City County Zip Code

Post Office Box City County Zip Code

Telephone: (area code) number FAX: (area code) number

7. Email Address: _____

8. To which address do you prefer correspondence regarding this application be sent? ☐ Residence ☐ Business

9. Your Gender: ☐ Male ☐ Female ☐ Prefer not to disclose

10. 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.](#)

☐ Caucasian

☐ "American woman"

☐ "physically disabled"

☐ "African-American"

☐ Prefer not to disclose

☐ "Hispanic-American"

☐ "Asian American"

☐ "Native-American"

11. Birth Date: _____ Birth Place: _____
Month/Day/Year City State Country

12. As of what date have you been a continuous resident of Florida? _____
Month/Day/Year

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

14. Are you registered to vote in Florida? ☐ Yes ☐ No
County of Registration: _____ Party Affiliation: _____

15. 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

Education

16. High School: _____
Name City State

17. Postsecondary Institutions:

<u>Name and Location</u>	<u>Dates Attended</u>	<u>Certificate/Degree Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment

18. Provide the requested information for all employers within the last 5 years, beginning with the most current:

A. _____
Employer Address

<u>Type of Business</u>	<u>Occupation/Job Title</u>	<u>Dates of Employment</u>
_____	_____	_____

Employers Continued:

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

Special Qualifications

19. List any special qualifications you think are relevant to your being appointed to a board, commission, council, or committee, including any type of licensure or certification you hold, as well as 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>

<u>Name of Civic, Professional or Political Organization</u>	<u>Office(s) Held</u>	<u>Membership Start Date</u>

20. Give any additional information you believe is relevant to your appointment to a board, commission, council, or committee. _____
- _____

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, did you receive compensation other than reimbursement for expenses? ☐ Yes ☐ No

Agency Lobbied

Principal(s) Represented

Date(s)

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:

Business Name

Your Relationship to Business

Agency

Business's Relationship to Agency

24. Have members of your immediate family--spouse, child, parent(s), sibling(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 years with any state, district, or local governmental agency in Florida? ☐ Yes ☐ No If yes, please provide:

Business Name

Family Member's Relationship to You

Family Member's Relationship to Business

Agency

Business's Relationship to Agency

25. Has probable cause ever been found that you were in violation of Part III, Chapter 12, Florida Statutes, the Code of Ethics for Public Officers and Employees? ☐ Yes ☐ No If yes, please provide:

Date

Nature of Violation

Disposition

26. Have you ever been suspended from any office by the Governor of the State of Florida? ☐ Yes ☐ No
If yes, please provide:

<u>Title of Office</u>	<u>Date of Suspension</u>	<u>Reason for Suspension</u>	<u>Result (Reinstated/Removed)</u>
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27. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law or ordinance? (Exclude traffic violations for which a fine of \$150 or less was paid.) ☐ Yes ☐ No

If yes, please provide:

<u>Date</u>	<u>Place</u>	<u>Nature of Violation</u>	<u>Disposition</u>
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28. Have you ever been refused a fidelity, surety, performance, or other bond? ☐ Yes ☐ No

If yes, please provide:

<u>Type of Bond</u>	<u>Insurer of Bond</u>	<u>Date</u>	<u>Reason(s) Given</u>
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29. Do you know of any reason why you would not be able to attend fully to the duties of the office or position to which you may be appointed? ☐ Yes ☐ No If yes, please explain:

History of Service

30. 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:

Number of Meetings Attended

Number of Meetings Missed

Reason for Absence(s)

33. Have you previously been appointed to any office that required confirmation by the Florida Senate?

☐ Yes ☐ No If yes, please provide:

Title of Office

Term of Appointment

Result of Confirmation

34. Have you ever been employed by any state, district, or local governmental agency in Florida? ☐ Yes ☐ No
If yes, please provide:

Position

Employing Agency

Dates of Employment

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

Certification

STATE OF FLORIDA, COUNTY OF _____

Before me, the undersigned Notary Public of Florida, personally appeared _____ ,
who, after being duly sworn, says: (1) that he/she has carefully and personally reviewed the answers to the
foregoing questions; (2) that the information is complete and true; and (3) that he/she will, as appointee,
uphold the constitutions of the United States and of the State of Florida.

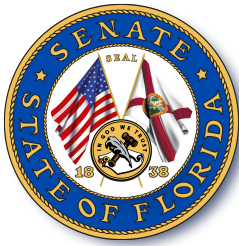
Signature of Applicant

Sworn and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

Print, type, or stamp commissioned name

☐ Personally Known OR ☐ Produced Identification _____
Type of identification produced



THE FLORIDA SENATE AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

APPLICANT'S FULL NAME: _____

MAIDEN NAME, IF APPLICABLE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. **Pursuant to Sections 943.13 (4), (5), and (7), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My Commission expires on _____, 20_____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____