



# Appointments Questionnaire

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

Date Completed

**Name:** \_\_\_\_\_

LAST

## MIDDLE/MAIDEN

## Section 1- General Information

List all your places of residence for the last ten (10) years.

## Address

### City & State

**Dates: From / To**

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

## Address

**City & State**

**Dates: From / To**

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Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No

If "Yes" give details:

4) Yes give details.

Date

## Place

Nature

## Disposition

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## Section 2- Education and Background

High School: \_\_\_\_\_  
(Name) (Location)

Year Graduated: \_\_\_\_\_

List all postsecondary education institutions attended:

Name	Dates	Degree Received

Are you or have you ever been a member of the armed forces of the United States? Yes  No

*If “Yes” List:*

Dates of service: \_\_\_\_\_

Branch or component: \_\_\_\_\_

Date & type of discharge: \_\_\_\_\_

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

**Employer's Name & Location**

### Type of Business

### **Occupation Title**

### Period

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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

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No

*If "Yes", please list:*

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Have you ever been elected or appointed to any public office in this state? Yes  No

*If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):*

Office Title	Dates in Office	Level of Government	Election or Appointment

If your service was on an appointed board(s), committee(s), or council(s):

- (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

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

*If "Yes" give details:*

Date	Nature of Violation	Disposition

Have you ever been suspended from any office by the Governor of the State of Florida?  
Yes  No

*If "Yes", list:*

Title of Office: \_\_\_\_\_ Reason for suspension: \_\_\_\_\_  
Date of suspension: \_\_\_\_\_ Result: Reinstated  Removed  Resigned

Have you previously been appointed to any office that required confirmation by the Florida Senate?  
Yes  No

*If "Yes", list:*

(1) Title of Office: \_\_\_\_\_

(2) Term of Appointment: \_\_\_\_\_

(3) Confirmation Result: \_\_\_\_\_

Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No

*If "Yes", explain:*

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date

### **Section 3- Possible Conflicts of Interest**

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:*

Name of Business	Your Relationship to Business	Business Relationship to Agency

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:*

Name of Business	Relationship to You	Relationship to Business	Business Relationship to Agency

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

(1) Did you receive any compensation other than reimbursement for expenses? Yes  No   
(2) Name of agency or entity you lobbied and the principal(s) you represented:

**Agency Lobbied**

**Principal Represented**

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Are there any possible conflicts of interest that could affect your ability to serve as a gubernatorial appointee?

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. \_\_\_\_\_

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. \_\_\_\_\_

## **Section 4- References and Experience**

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

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Please list specifically any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment:

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Please list any awards or recognitions you have received relating to the subject matter of this appointment:

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Please identify all association memberships and offices (including any business, professional, occupational, civic, or fraternal organizations) you have held or hold relating in the last 10 years:

<b>Name of the Association</b>	<b>Role</b>	<b>Dates of Membership</b>

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:*

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

<b>Name</b>	<b>Organization</b>	<b>Phone Number</b>

In the following space, please explain why you want to serve as a gubernatorial appointee and share anything else that you think may be helpful:

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## **Section 5- Certification and Signature**

I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief.

By checking this box and typing my name below I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/

First Name

Middle Initial

Last Name

Suffix

***Please save this document to upload with your board application.***

*If you have any questions, please call (850) 717-9243 or email  
[Appointments@eog.myflorida.com](mailto:Appointments@eog.myflorida.com)*