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# QUESTIONNAIRE

*for*

## GUBERNATORIAL APPOINTMENTS

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Please Return To:  
400 South Monroe Street  
Capitol Building, Suite LL-09  
Tallahassee, Florida 32399

# FOR THE GOVERNOR'S APPOINTMENTS OFFICE

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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. Seat of Interest: \_\_\_\_\_
3. Current Employer and Occupation: \_\_\_\_\_
4. Are you applying for reappointment:    Yes         No
5. \*Do you have a disability?    Yes     No     If "Yes", please describe your disability that would qualify you for this appointment, if applicable.
  
6. \*Sex:    Male         Female
7. \*Race:    White         Native-American/Alaskan Native   
              Hispanic-American         Asian/Pacific Islander   
              African-American
8. Are you now, or in the past three years have you 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 and practices, and state whether you intend to continue as a member if you appointed by the Governor. If yes, please describe.    Yes        No

Email address \_\_\_\_\_

Cellular Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name, including name  
commonly used (Please print)

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

# QUESTIONNAIRE FOR GUBERNATORIAL APPOINTMENTS

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

1. Name: \_\_\_\_\_

MR./MRS./MS./DR.                      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          Fax # \_\_\_\_\_

(optional)

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

<u>ADDRESS</u>	<u>CITY &amp; STATE</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>ADDRESS</u>	<u>CITY &amp; STATE</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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," list and explain.

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

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If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

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

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of registration: \_\_\_\_\_ B. Current party affiliation: \_\_\_\_\_

12. Education

A. High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

<u>NAME &amp; LOCATION</u>	<u>DATES ATTENDED</u>	<u>CERTIFICATES/DEGREES RECEIVED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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.) If "Yes" give details:

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. 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 & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	PERIOD OF EMPLOYMENT

16. 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

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

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- 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:

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

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

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18. 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:

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19. 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

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B. 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

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20. 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

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21. 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

22. 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: \_\_\_\_\_

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

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

24. 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 (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 &amp; NUMBER</u>	<u>ORIGINAL ISSUE DATE</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION/DATE</u>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. 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>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. 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>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. 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.

NAME MAILING ADDRESS ZIP CODE AREA CODE/PHONE NUMBER

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28. 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).

NAME MAILING ADDRESS OFFICE(S) HELD & TERM DATE(S) OF MEMBERSHIP

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



# CERTIFICATION

## STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared \_\_\_\_\_, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

\_\_\_\_\_  
Signature of Applicant-Affiant

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public-State of Florida

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known  **OR** Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)

## 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 Public Records Law. Please indicate what section of Florida Statutes provides this in your particular situation.

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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) 245-0158