

THE FLORIDA HOUSE OF REPRESENTATIVES
Appointments Questionnaire



THE FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF THE SPEAKER
Appointment Office
Suite 420, The Capitol
402 South Monroe Street
Tallahassee, Florida 32399

**THE FLORIDA HOUSE OF REPRESENTATIVES
QUESTIONNAIRE FOR APPOINTMENT BY THE SPEAKER OF THE HOUSE**

Date Completed: _____

1. Board(s) of Interest _____

PERSONAL INFORMATION

2. Name: _____
 Mr./Mrs./Ms. Last First Middle/Maiden Suffix (Jr., Sr., III, etc)

3. Have you ever been known by any other name? ____ Yes ____ No If yes, please explain and provide all other names:

4. Spouse's Name: _____

5. Residence: _____
 Street City County Zip Code

 Post Office Box City County Zip Code

 Telephone Number (area code included) Cell Number (area code included)

6. Business: _____
 Business Name

 Street City County Zip Code

 Post Office Box City County Zip Code

 Telephone Number (area code included) Fax Number (area code included)

7. Email Address: _____

8. To which address should correspondence be sent? ____ Residence ____ Business

9.* Your Gender: ____ Female ____ Male 10. Social Security Number: _____

11. Date of Birth: _____ 12. Place of Birth: _____
 Month/Day/Year City State Country

13.* Please describe yourself within one or more of the following categories:
____ Caucasian ____ "Native-American"
____ "African-American" ____ "American woman"
____ "Hispanic-American" ____ "Physically-disabled"
____ "Asian American"

*This information is requested pursuant to Section 760.80, Florida Statutes, and will be used to provide demographic statistics. The information is not requested for the purpose of discriminating in any way.

14. Driver License: _____
Number *State of Issuance*

15. Are you a United States citizen: Yes No If "No", please explain: _____

16. If you are a naturalized citizen, please provide the date of naturalization: _____
Month/Day/Year

17. Are you a registered Florida voter? Yes No
County of Registration _____ Party Affiliation: _____

18. Since what year have you been a continuous resident of Florida: _____

19. Are you or have you ever been a member of the United States Armed Forces, including the National Guard?
 Yes No Did you serve in combat? Yes No

A. Dates of Service: _____

B. Branch or Component: _____

C. Date and Type of Discharge: _____

20. Please list all your places of residence during the past 5 years:
Address *City and State* *From/To*

21. Please list all current residences outside the State of Florida as well as all former residences outside the State of Florida where you resided at any time since you were 18 years of age:
Address *City and State* *From/To*

22. Please list three persons who have known you well during the past 5 years, excluding your relatives:

<i>Name</i>		<i>Telephone Number (including area code)</i>	
<i>Mailing Address</i>		<i>City/State</i>	<i>Zip</i>
<i>Name</i>		<i>Telephone Number (including area code)</i>	
<i>Mailing Address</i>		<i>City/State</i>	<i>Zip</i>
<i>Name</i>		<i>Telephone Number (including area code)</i>	
<i>Mailing Address</i>		<i>City/State</i>	<i>Zip</i>

EDUCATION

23. High School: _____
Name *City* *State* *Date of Graduation*

24. Please list all postsecondary educational institutions you attended:

<i>Name/Location</i>	<i>Dates Attended</i>	<i>Certificate/Degree Earned</i>

EMPLOYMENT

25. Current employer or occupation: _____

26. Please provide the information requested for all employers within the previous 5 years, beginning with the current employer:

A. _____
Employer *Address*

<i>Type of Business</i>	<i>Occupation/Title</i>	<i>Dates of Employment</i>

B. _____
Employer *Address*

Type of Business *Occupation/Title* *Dates of Employment*

C. _____
Employer *Address*

Type of Business *Occupation/Title* *Dates of Employment*

D. _____
Employer *Address*

Type of Business *Occupation/Title* *Dates of Employment*

27. Have you ever been employed by any state, special district, or local government entity in Florida? ____Yes ____No
If "Yes", please provide the following information for each position:

Employing Entity *Position Held* *Period of Employment*

Employing Entity *Position Held* *Period of Employment*

Employing Entity *Position Held* *Period of Employment*

28. Have you received any degrees, professional certifications, or designations related to the subject matter of this appointment?
____Yes ____No If "Yes", please list:

29. Have you ever been asked to resign from any form of employment? ____Yes ____No
If "Yes", please provide the employer's name and the position held along with a brief explanation:

30. Have you ever been terminated from any form of employment? _____ Yes _____ No
 If "Yes", please provide the employer's name and the position held along with a brief explanation: _____

31. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? _____ Yes _____ No
 If "Yes", please provide the following information for each. If any disciplinary action was taken against a license or certification issued to you (fine, probation, suspension, revocation, disbarment), please provide the type and date of the action.

<i>Type of License/Certificate</i>	<i>Original Issue Date</i>	<i>Issuing Authority</i>	<i>Disciplinary Action/Date</i>	<i>License Number</i>

ETHICAL DISCLOSURE

32. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance (excluding traffic violation for which a fine or civil penalty of \$150 or less was paid)? _____ Yes _____ No
 If "Yes", please provide the following information for each:

<i>Date</i>	<i>Place</i>	<i>Nature</i>	<i>Disposition</i>

33. 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", please provide the following information:

<i>Date</i>	<i>Nature of Violation</i>	<i>Disposition</i>

34. Have you ever been suspended from any office by the Governor of the State of Florida? _____ Yes _____ No
 If "Yes", please provide the following information and a brief explanation:

Title of Office: _____ *Reason for Suspension:* _____
Date of Suspension: _____

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

36. Have you, or a business of which you have been an owner, officer or employee, ever held any contractual or other direct dealings with any state or local governmental agency in Florida? Yes No If "Yes", please provide the following information:

<i>Name of Business</i>	<i>Your Relationship to the Business</i>	<i>Business Relationship to Agency</i>
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37. Have members of your immediate family (spouse, child, parents, siblings, or businesses of which members of your immediate family have been owners, officers, or employees, ever held any contractual or other direct dealings with any state or local government agency in Florida? Yes No If "Yes", please provide the following information:

<i>Name of Business</i>	<i>Family Relationship</i>	<i>Family Relationship to Business</i>	<i>Business Relationship to Agency</i>
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38. Are you currently a registered lobbyist or have you ever lobbied at any level of government? Yes No If "Yes", did you receive any compensation other than reimbursement for expenses? Yes No

Please provide the name(s) of the agency or entity you lobbied and the principals you represented:

<i>Agency Lobbied</i>	<i>Principal Represented</i>
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39. Have you ever been the object of any administrative or civil action based upon discrimination in the work place? Yes No If "Yes", please explain and indicate the disposition of the administrative or civil action: _____

40. Are you the plaintiff or defendant in any action pending before any judicial or administrative tribunal? Yes No If "Yes", please explain: _____

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

ADDITIONAL INFORMATION

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

<i>Office Title</i>	<i>Date of Election or Appointment</i>	<i>Term of Office</i>	<i>Level of Government</i>

43. If your service was on an appointed board, committee, or council:

- a. How frequently were meetings scheduled? _____
- b. If you missed any meetings, state the number attended, the number missed, and the reasons for absences: _____

44. Do you currently hold an office or position (appointive, civil service, or other) with the U.S. Government or any foreign government?

Yes No If "Yes", please provide the following information:

<i>Position Held</i>	<i>Appointing Entity</i>	<i>Dates of Service</i>

45. Please describe your experiences and interests, or elements of your personal history, that qualify you for this appointment:

46. Are you now, or have you within the past three years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender? If so, please provide the name and nature of the organization, relevant policies and practices, and indicate whether you intend to continue as a member if appointed by the Speaker.

47. Are you aware of any reason why you may be unable to fulfill the duties of the office or position to which you have been or may be appointed? Yes No

If "Yes", please explain: *Result: _____ Reinstated _____ Removed _____ Resigned*

CERTIFICATION

STATE OF FLORIDA, COUNTY OF _____

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

Signature of Applicant – Affiant

Sworn 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: _____