



Application for Chief Financial Officer Board and Commission Appointments

Complete this form in its entirety and return to the Florida Department of Financial Services (DFS).

Please print and mail to:

Florida Department of Financial Services
Chief Financial Officer
Attn: Internal Affairs
200 East Gaines Street
Tallahassee, Florida 32399-0301

Contact DFS at (850) 413-2850 with any questions or concerns.

Board(s) of Interest: _____

Personal Information

- Name: _____ Gender: ☐ Male ☐ Female
- Have you ever been known by any other name? ☐ Yes ☐ No
 - If yes, give your other name(s) and explain: _____
- Spouse's Name: _____
- Email Address: _____
- Provide the email address you prefer correspondence, regarding this application, be sent: _____
- 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: <https://www.flsenate.gov/Laws/Statutes/2019/760.80>
 - ☐ AA: African American ☐ AI: Asian Indian ☐ Asian: Asian American ☐ C: Caucasian American
 - ☐ H: Hispanic American ☐ N: Native American ☐ U: Unknown ☐ Physically Disabled
- Birth Date: _____ Birthplace (City, State, Zip): _____
- As of what date have you been a continuous resident of Florida? _____
- Are you a U.S. Citizen? ☐ Yes ☐ No ☐ Naturalized Citizen Date of Naturalization: _____
- 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: _____ Served in Combat? ☐ Yes ☐ No

Contact Information

- Residential Street Address: _____
- Residential City, State, Zip: _____
- Residential PO Box: _____
- Residential Phone: _____ Mobile: _____

- Business Street Address: _____
- Business City, State, Zip: _____
- Business PO Box: _____
- Business Phone: _____ Business Email: _____

Provide the requested information for your current and past employers within the last 5 years

- Employer 1: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____
- Employer 2: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____
- Employer 3: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____
- Employer 4: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____
- Employer 5: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____

Education

- High School: _____
- Postsecondary Institutions (Name & Location, Dates Attended, Certificate/Degree Earned): _____
- _____
- _____
- _____
- _____

Special Qualifications

- **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** (Type/Name of License/Certificate Number, Granting Agency, Date Granted): _____

- **Names of civic, professional, or political organizations to which you belong** (Name of Organization, Office(s) Held, Membership Start Date): _____

- **Give any additional information you consider relevant to your appointment to a board, commission, council, or committee:** _____

Ethical Disclosure

- **If required by law or administrative rule, will you file financial disclosure statements?** ☐ Yes ☐ No
- **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 - Agency Lobbied, Principal(s) Represented, Date(s), Compensation Received:** _____

- **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, Relationship to Business, Agency, Business' Relationship to Agency:** _____

- **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 Relation to You, Family Members Relation to Business, Agency, Business' Relation to Agency: _____

- Has probable cause ever been found that you were in violation of Part III, Chapter 12, Florida Statutes, or the Code of Ethics for Public Officers and Employees? ☐ Yes ☐ No

☐ If yes, please provide - 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, please provide - Title of Office, Date of Suspension, Reason for Suspension, Result (Reinstated/Removed): _____

- 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 - Date, Place, Nature of Violation, Disposition: _____

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

☐ If yes, please provide - Type of Bond, Insurer of Bond, Date, Reason(s) Given: _____

- 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: _____

Public Service

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

☐ If yes, please provide – Office Title, Date of Election, Term of Office, Level of Government: _____

- Have you ever been appointed to a public office in Florida? ☐ Yes ☐ No
 - If yes, please provide – Office Title, Date of Election, Term of Office, Level of Government: _____
 - _____
 - _____
 - _____
 - If your service was on an appointed board, commission, council, or committee, how frequently were meetings scheduled? _____
- Have you previously been appointed to any office that required confirmation by the Florida Senate? ☐ Yes ☐ No
 - If yes, please provide – Office Title, Term of Appointment, Result of Confirmation: _____
 - _____
 - _____
 - _____
- Have you ever been employed by any state, district, or local government agency in Florida? ☐ Yes ☐ No
 - If yes, please provide – Position, Employing Agency, Dates of Employment: _____
 - _____
 - _____
 - _____

References

- Reference 1:
 - Name: _____
 - Address: _____
 - Phone: _____
- Reference 2:
 - Name: _____
 - Address: _____
 - Phone: _____
- Reference 3:
 - Name: _____
 - Address: _____
 - Phone: _____
- Do you certify that the above statements are true? ☐ Yes ☐ No
- Do you authorize DFS to verify the information given? ☐ Yes ☐ No
- If selected for appointment, do you agree to voluntarily submit your SSN, and your Driver's License Number?

☐ Yes
 ☐ No

Applicant's Signature: _____ Date: _____