

PERSONAL/CONTACT INFORMATION

Name _____
Mr./Mrs./Ms. Last First Middle/Maiden

Board of Interest or position to which you are seeking appointment _____

Address _____
Street City State Zip Code

Contact _____
Home Phone Work Phone Cell Phone Email

Date of Birth _____ Place of Birth _____

Social Security Number _____

Driver's License Number _____ Issuing State _____

Have you ever used or been known by any other legal name Yes No

If "Yes" please explain _____

Are you a United States Citizen Yes No

If "No", please explain _____

If you are a naturalized citizen, please list date of naturalization _____

How long have you been a continuous resident of Florida: _____

Are you a registered Florida voter? Yes No

If "No", please list which state you are registered to vote: _____

Pursuant to s. 760.80, F.S. the following information is required for appointment to commissions, boards, councils, etc. and is used to file a statistical report annually:

Gender: Male Female Do you have a Disability: Yes No

Please check "minority person" as designated in s.760.80(2), F.S.:

African-American Hispanic-American Asian-American Native-American American Woman

Job Title: _____

Current Employer: _____

Employer Address

Street City, State Zip Code

Employer contact Phone _____ Email _____

FORMER SUPERVISOR OVER THE LAST 5 YEARS

Supervisor Name	Job Title	Business	Your Former Job Title	Your Former Job Title

EDUCATION

Education Institution and Location	Dates Attended	Certificates/Degrees Received

QUESTIONNAIRE

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

Branch	Date of Service	Type of Discharge

Have you ever been arrested, charged, convicted, 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", please explain and list below _____

Date	Location	Nature	Disposition

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 give details _____

Date	Nature of Violation	Disposition

Have you ever been suspended from any office by a Governor of a state Yes No

If "Yes" please provide details: _____

Title of Office _____ Date of suspension _____

Reason for suspension _____ Result _____

Do you know of any reason why you will not be able to attend full to the duties of the office or position to which you have been or will be appointed? Yes No

If "Yes", explain _____

Please List 3 non-relative references who are familiar with you professionally/academically

Name Employer/Title	Mailing Address	Phone Number	Email

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, including but not limited to present law enforcement officers and their families, victims of certain crimes. 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: _____

Florida Statute:

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: PL 01, the Capitol, Tallahassee, Florida 32399, (850) 487-1963.

By checking this box, you consent to a background check including but not limited to criminal history review, calling former employers and references, and any other individuals who may have information relevant to your employment history.

