Florida Department of Health Appointment Questionnaire for Boards, Councils, and Ad Hoc Committees



QUESTIONNAIRE FOR APPOINTMENT CANDIDATES

The information from this questionnaire will be used by the Florida Department of Health in considering action on your appointment. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

| 1. | Board of Interest: | | | | | |
|-------|--------------------------|------------------------------------|----------|---|---|------------------|
| 2. | Seat of Interest: | | | | | |
| 3. | Are you applying for re | eappointment: | Yes | No | Date C | ompleted: |
| 4. | Name: | | | | | |
| | MR./MRS./MS./DR. | | | FIRST | MIDDLE/ | MAIDEN |
| 5. | Business Address: | | | 11101 | indolla. | |
| 5. | | STREET | | CITY | COUNTY | , |
| | POST OFFICE BOX | STATE | | ZIP CODE | AREA CO | DDE/PHONE NUMBER |
| 6. | Residence Address: | STREET | | CITY | COUNTY | <u>.</u> |
| | POST OFFICE BOX | STATE | | ZIP CODE | AREA CO | DDE/PHONE NUMBER |
| 7. | Email: | | | | | |
| 8. | Cell Number: | | | | Fax # | (optional) |
| | | | | | | |
| 9. | Specify the preferred m | ailing address: | Business | Residence | | |
| 10. | | - | | ny basis. If "Yes", plea that would o | ot requested for the purpos ase describe your disabil qualify kag XadfZ[e 1t, if applicable. | |
| 11. | *Race: | African-Americ Asian/Pacific Is | | | Native-American/Alas White | kan Native |
| | | Hispanic-Amer | rican | | | |
| 12. | *Sex: | Male | Female | | | |
| 13.] | Date of Birth: | | P1 | ace of Birth: | | |
| 14.] | Driver License Number: _ | | | | Issuing State: | |

| 15. | Have you ever used or been known by any of | ther legal name? | Yes 🗆 No | If "Yes," list and explain. |
|-----|---|--|-------------------------|-------------------------------|
| | | | | |
| 16. | Are you a United States citizen? Yes | No | If "No" explain: | |
| | | | | |
| | If you are a naturalized citizen, date of natura | alization: | | |
| 17. | Since what year have you been a continuous | resident of Flori | da? | |
| 18. | Are you a registered Florida voter? Yes | No | | |
| 19. | Education | | | |
| | A. High School: | | | Year Graduated: |
| | B. List all postsecondary educational instit | D LOCATION) Sutions attended: DATES ATTENDED | | CERTIFICATES/DEGREES RECEIVED |
| | | | | |
| 200 | Are you or have you ever been a member of | the armed forces | s of the United States? | Yes No If "Yes" list: |
| | A. Dates of service: | | | |
| | B. Branch or component: | | | |
| | C. Date & type of discharge: | | | |
| 21. | Have you ever been arrested, charged, or ind ordinance? (Exclude traffic violations for wh If "Yes" give details: | | | |
| | DATE PLACE | | NATURE | DISPOSITION |
| | | | | |
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22. 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. Or attach resume.

| EMPLOYER'S NAME & ADDRESS | TYPE OF BUSINESS | OCCUPATION/JOB TITLE | PERIOD OF EMPLOYMENT |
|--|--|---|----------------------|
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| | | | |
| Have you ever been employed b If "Yes", identify the position(s | y any state, district, or local gov), the name(s) of the employing | ernmental agency in Florida? agency, and the period(s) of er | Yes No nployment: |
| POSITION | EMPLOYING AGENCY | PERIOD | OF EMPLOYMENT |
| | | | |
| | | | |
| | | | |

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

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

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

| | y yu | ou currently ho | | position | (uppoint) | | service, | or other) | with the i | cuciai oi | any loter | gii guv | |
|----------------------|-------------------|-------------------------------------|---|--|------------------------------------|----------|------------|-----------|--|------------------|-------------|----------|----------|
| Ye | s | No | If "Yes | ', list: | | | | | | | | | |
| | | | | | | | | | | | | | |
| A. | | Have you ever office title, date | | | | | | | | No (city, cou | | es", sta | |
| | | federal): DEFICE TITLE | DAT | E OF ELECTIO | N OR APPOINTM | ENT | | TERM OF (| DEFICE | | LEVEL OF (| GOVERNM | ENT |
| _ | | | | | | | | | | | | | |
| — В. (1 |) | | iently were n | neetings s | cheduled: | | | | | | | | |
| '*2 | 2) | """If you mi | | | ly schedule | | ings, stat | e the num | ber of me | eetings yc | ou attende | d, the r | umber |
| | | missed, ar | iu inc reason | | | | | | | | | | |
| _ | Ň | missed, ar | | MEI | ETINGS MISSED | | | RE | ASON FOR AE | <u>SENCE</u> | | | |
| | | MEETINGS ATTENDED | | | | | | | | | | | |
| | ıs p | | ever been fou | ind that y | | | | | thics for 1 | | fficers and | d Empl | byees, I |
| . Ha III, | ıs p | MEETINGS ATTENDED | ever been fou | ind that y | ou were in If "Yes" | | | | thics for 1 | Public Of | fficers and | d Empl | Dyees, I |
| . Ha III, DATI | us p , Cl E | MEETINGS ATTENDED | ever been fou .? Yes suspended fr | Ind that yon No Nature of Mature of Om any o | ou were in If "Yes" MOLATION | , give d | etails: | Code of E | thics for this for this for this for this for this for the second | Public Of | No | If | 'Yes", l |

| 29. | 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:

ORIGINAL

- C. Confirmation results:
- 30. Have you ever been refused a fidelity, surety, performance, or other bond? Yes \Box No 🗆 If "Yes", explain:

31. 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: LICENSE/CERTIFICATE

| THEE & NOWDER | 1000E DATE | 1330ING AUTHORITT | DISCH LINART ACTION/DATE |
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ISSUING AUTHORITY

32. 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:

| | NAME OF BUSINESS | YOUR RELATIONSHIP TO B | USINESS | BUSINESS' RELATIONSHIP TO AGENCY |
|-------------|---|--|--|---|
| | | | | |
| | | | | |
| B. | your immediate famil the last four (4) years | y have been owners, officers, or en | mployees, held any contr tal agency in Florida, inc | or businesses of which members of ractual or other direct dealings during cluding the office or agency to which If "Yes", explain: |
| | NAME OF BUSINESS | FAMILY MEMBER'S RELATIONSHIP TO YOU | FAMILY MEMBER'S RELATIONSHIP TO BUSINESS | BUSINESS' RELATIONSHIP TO AGENCY |
| | | | | |
| | | | | |
| Hav year | | 5 | at any level of governm | nent at any time during the past five (5 |
| A. | Did you receive any c | compensation other than reimburse | ement for expenses? Ye | s 🗆 No 🗆 |

- B. Name of agency or entity you lobbied and the principal(s) you represented:

AGENCY LOBBIED

PRINCIPAL REPRESENTED

33.

34. 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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| | professional, occupational, civic, or fr a member during the past five (5) yea | | |
| which you have been | | | |
| which you have been membership(s). | a member during the past five (5) year | ars, the organization address(es) | , and date(s) of your |
| which you have been membership(s). | a member during the past five (5) year | ars, the organization address(es) | , and date(s) of your |
| which you have been membership(s). | a member during the past five (5) year | ars, the organization address(es) | , and date(s) of your |
| which you have been membership(s). | a member during the past five (5) year | ars, the organization address(es) | , and date(s) of your |

36. Do you know of any reason why you will not be able to attend fully to the duties of this office or position? Yes No If "Yes", explain:

- 37. If required by law or administrative rule, will you file financial disclosure statements? Yes \Box No \Box
- 38. 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.
 - Yes No If yes, please describe.

39. Why do you wish to serve on this board, council, or committee? Please state the benefits or value added to the Department by your representation on this board, council or committee.

CERTIFICATION

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 Florida Department of Health. I agree to these conditions and under the penalties of perjury I declare that I have read the foregoing application and that the facts stated in it are true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant

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 laws applies to portions of your application, please check this box.

If you need additional guidance as to the applicability of any public records exemption to your situation, please contact the Office of the Attorney General.

PL-01, The Capitol Tallahassee, FL 32399 (850) 245-0158