## 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.** 

Are you applying for	or reappointment:	Yes	No	Date Completed:
Name:		.ST	FIRST	MIDDLE/MAIDEN
Business Address:			TIKOT	MIDDEEMADEA
	STREET		CITY	COUNTY
POST OFFICE BOX	STATE	Z	TIP CODE	AREA CODE/PHONE NUMBER
Residence Address	:			
residence Hadress	STREET		CITY	COUNTY
POST OFFICE BOX	STATE		CIP CODE	AREA CODE/PHONE NUMBE
Email:				
				Fax #
Cell Number:				(optional)
Specify the preferred  * This information w	-		statistics and is not reque	sted for the purpose of discrimi
	vill be used to provi	de demographic		ribe your disability sag <b>X</b> adf <b>Z</b> [e
* This information w	vill be used to provi	de demographic on an No rican Islander	e statistics and is not reque by basis.  If "Yes", please desc that would qualify l appointment, if app	kag XadfZ[e olicable. ive-American/Alaskan Native
* This information w *Do you have a disa	vill be used to providability? Yes  African-Ame  Asian/Pacific	de demographic on an No rican Islander	e statistics and is not reque by basis.  If "Yes", please desc that would qualify l appointment, if app	ribe your disability & MadfZ[e olicable. ive-American/Alaskan Native

If you are a naturalized citizen, date of naturalization:  [If you are a naturalized citizen, date of naturalization:  [Since what year have you been a continuous resident of Florida?  [Since what year have you been a continuous resident of Florida?  [R. Are you a registered Florida voter? Yes No  [ONME AND LOCATION]  [DATES ATTENDED]  [DATES ATTENDED]  [ONME A LOCATION]  [A re you or have you ever been a member of the armed forces of the United States? Yes No  [A Dates of service:  [B Branch or component:  [C Date & type of discharge:  [1. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes If "Yes" give details:	. Hav	ve you ever used or l	been known by a	ny other I	egal name	? Yes □ N		If "Yes,"	' list and e	xplain.
If you are a naturalized citizen, date of naturalization:    Since what year have you been a continuous resident of Florida?										
If you are a naturalized citizen, date of naturalization:    Since what year have you been a continuous resident of Florida?	Are	e you a United States	s citizen? Ye	es N	o	If "No" explain	n:			
If you are a naturalized citizen, date of naturalization: Since what year have you been a continuous resident of Florida?  Are you a registered Florida voter? Yes No  Education A. High School:  (NAME AND LOCATION)  B. List all postsecondary educational institutions attended:  NAME & LOCATION  DATES ATTENDED  CERTIFICATES/DEGREES!  O Are you or have you ever been a member of the armed forces of the United States? Yes No  A. Dates of service:  B. Branch or component:  C. Date & type of discharge:  Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes										
8. Are you a registered Florida voter? Yes No  D. Education A. High School:	If y	ou are a naturalized								
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A. High School:	. Are	e you a registered Flo	orida voter?	Yes	No					
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<ul> <li>C. Date &amp; type of discharge:</li></ul>	A.									
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ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes										
	ord	inance? (Exclude tra								ll law, regulation, No
DATE PLACE NATURE DISPOSI	DATE	<u> </u>	PLACE			NATURE			DISPO	SITION

Concerning your current emplo business address, type of busing	yer and for all of your employmess, occupation or job title, and p	ent during the last ten years, list eriod(s) of employment. Or att	st your employer's name ach resume.
EMPLOYER'S NAME & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	PERIOD OF EMPLOYMENT
	by any state, district, or local gov s), the name(s) of the employing		Yes No mployment:
POSITION	EMPLOYING AGENCY	PERIO	D OF EMPLOYMENT
A. State your experiences and	l interests or elements of your pe	rsonal history that qualify you	for this appointment.
B. Have you received any deg appointment? Yes No.	ree(s), professional certification( o If "Yes", list:	s), or designations(s) related to	the subject matter of the
appointment. Tes	11 100 , 1150.		
C. Have you received any aw If 'Yes", list:	rards or recognitions relating to the	ne subject matter of this appoir	ntment? Yes No

D.	Identity all association memberships and association offices held by you that relate to this appointment:
Do y Yes	ou currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government.  No If "Yes", list:
	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):  Defice title Date of election or appointment Term of office Level of Government
В.	If your service was on an appointed board(s), committee(s), or council(s):
(1) '*2)	How frequently were meetings scheduled:  """"If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number missed, and the reasons(s) for your absence(s).
	MEETINGS ATTENDED REASON FOR ABSENCE
	probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, hapter 112, F.S.? Yes No If "Yes", give details:  NATURE OF VIOLATION DISPOSITION
Have	you ever been suspended from any office by the Governor of the State of Florida? Yes No If "Yes",
A.	Title of office: C. Reason for suspension:

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 BUSINESS  BUSINESS: RELATIONSHIP TO AGENCY  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 durin the last four (4) years with any state or local governmental agency in Florida, including the office or agency to whice you have been appointed or are seeking appointment? Yes \( \) No \( \) If "Yes", explain:    FAMILY MEMBER'S   FAMILY MEMBER'S   BUSINESS: RELATIONSHIP TO YOU   RELATIONSHIP TO BUSINESS   TO AGENCY	29.		ve you previously been appoi 'Yes", list:	nted to any office that requi	red confirmation b	y the Florida	Senate? Y	es 🗆	No $\square$		
B. Term of Appointment:  C. Confirmation results:  30. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  \ \ 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, probatic suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:  UCENBRICERITY ORIGINAL  THE ANUMBER BESURDATE BRUDDET  BRUDDATE BRUDDATE BRUDDETY DEBUTE  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 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 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 gency in Florida, including the office or agency to white you have been appointed or are seeking appointment? Yes \ No  \ No  \ If "Yes", explain.  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 white you have been appointed or are seeking appointmen? Yes \ No  \ No  \ If "Yes", explain.  B. Make of Businessa Real-Toolsher Toolu Parentses Real-Toolsher Toolu		A.	Title of Office:								
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		A.	A. Did you receive any compensation other than reimbursement for expenses? Yes $\square$ No $\square$								
AGENCY LOBBIED PRINCIPAL REPRESENTED		B.	. Name of agency or entity you lobbied and the principal(s) you represented:								
			AGENCY LOBBIED PRINCIPAL REPRESENTED								

34.			who have known you well within the pa Exclude your relatives and members or		current, complete address and
	NAME		MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER
35.		ou have be	s, professional, occupational, civic, or fr en a member during the past five (5) year		
	NAME		MAILING ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP
36.	_	know of an	ry reason why you will not be able to att	end fully to the duties of thi	s office or position? Yes No
37.	If requi	red by law o	or administrative rule, will you file finan	ncial disclosure statements?	Yes □ No □
38.	practice religion	e or policy, i n, national o	the past three years have you been, a m restricts membership or restricted mem origin, or gender? If so, detail the name whether you intend to continue as a me	bership during the time that and nature of the club(s) or	you belonged on the basis of race,
	Yes	No	If yes, please describe.		

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.
<b>/////////////////////////////////////</b>
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