
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 reappointment: Yes No Date Completed: _____
4. Name: _____
MR./MRS./MS./DR. LAST FIRST MIDDLE/MAIDEN
5. Business Address: _____
STREET CITY COUNTY
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER
6. Residence Address: _____
STREET CITY COUNTY
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER
7. Email: _____ Fax # _____
8. Cell Number: _____ (optional)
9. Specify the preferred mailing address: Business Residence

* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

10. *Do you have a disability? Yes No If "Yes", please describe your disability that would qualify you for reappointment, if applicable.
11. *Race: African-American Native-American/Alaskan Native
 Asian/Pacific Islander White
 Hispanic-American
12. *Sex: Male Female
13. Date of Birth: _____ Place of Birth: _____
14. Driver License Number: _____ Issuing State: _____

15. Have you ever used or been known by any other 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 naturalization: _____

17. Since what year have you been a continuous resident of Florida? _____

18. Are you a registered Florida voter? Yes No

19. Education

A. High School: _____ Year Graduated: _____
(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

<u>NAME & LOCATION</u>	<u>DATES ATTENDED</u>	<u>CERTIFICATES/DEGREES RECEIVED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Are you or have you ever been a member of the armed forces 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 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" give details:

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

25. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?

Yes No If "Yes", list:

26. A. 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):

OFFICE TITLE DATE OF ELECTION OR APPOINTMENT TERM OF OFFICE LEVEL OF GOVERNMENT

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: _____

(2) "*****If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED MEETINGS MISSED REASON FOR ABSENCE

27. Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes No If "Yes", give details:

DATE NATURE OF VIOLATION DISPOSITION

28. Have you ever been suspended from any office by the Governor of the State of Florida? Yes No If "Yes", list:

A. Title of office: _____ C. Reason for suspension: _____

B. Date of suspension: _____ D. Result: Reinstated Removed Resigned

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: _____
- 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, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>LICENSE/CERTIFICATE TITLE & NUMBER</u>	<u>ORIGINAL ISSUE DATE</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION/DATE</u>
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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:

<u>NAME OF BUSINESS</u>	<u>YOUR RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP TO AGENCY</u>
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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 which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP TO AGENCY</u>
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33. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes No

A. Did you receive any compensation other than reimbursement for expenses? Yes No

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

<u>AGENCY LOBBIED</u>	<u>PRINCIPAL REPRESENTED</u>
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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.

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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