

---

---

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 an appointment, if applicable.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. \*Race: 

White <input type="checkbox"/>	Native-American/ Alaskan Native <input type="checkbox"/>
Hispanic-American <input type="checkbox"/>	
African-American <input type="checkbox"/>	Asian/Pacific Islander <input type="checkbox"/>

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:

NAME & LOCATION DATES ATTENDED CERTIFICATES/DEGREES RECEIVED

---

---

---

---

---

---

---

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.) If "Yes" give details:

DATE PLACE NATURE DISPOSITION

---

---

---

---

---

---

---

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.

EMPLOYER'S NAME & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	PERIOD OF EMPLOYMENT

23. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
 If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

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:

---

---

---

---

---

---

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</u> <u>TITLE &amp; NUMBER</u>	<u>ORIGINAL</u> <u>ISSUE DATE</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION/DATE</u>
---	--------------------------------------	--------------------------	---------------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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>
-------------------------	--------------------------------------	---

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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</u> <u>RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP</u> <u>TO AGENCY</u>
-------------------------	--	---	---

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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>
-----------------------	------------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE/PHONE NUMBER</u>

35. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>OFFICE(S) HELD &amp; TERM</u>	<u>DATE(S) OF MEMBERSHIP</u>

36. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If “Yes”, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

37. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

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 by the Governor. If yes, please describe. Yes No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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