



Gubernatorial Appointments Form for General Information**
Governor's Appointments Office
(850) 717-9243 or Appointments@eog.myflorida.com

Date Completed _____

The information from this form will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The form **MUST BE COMPLETED IN FULL**. Answer "none" where appropriate. **Please print in black ink.**

Board of Interest: _____

Seat of Interest: _____

Full Name: Mr/Mrs./Ms. _____
(Last) (First) (Middle)

Have you ever been known by any other legal name? If "yes" please explain: _____

Home Address: _____
(Street) (City) (State) (County) (Zip)

Business Address: _____
(Street) (City) (State) (County) (Zip)

Mail to: Home Business Other Address: _____
(Street/P.O. Box) (City) (State) (Zip)

E-mail Address: _____
(or write "NONE")

Sex: Male Female

Race: Asian
 Black or African American
 Native American or Alaska Native
 White

Cell Phone: _____ Home Phone: _____
(or write "NONE") (or write "NONE")

Business Phone: _____ Extension: _____
(or write "NONE")

Florida Driver's License (or other State of Florida Issued ID): _____

Place of Birth: _____ Date of Birth: ____/____/____ Social Security Number: ____/____/____
(Month/Day/Year)

Are you a United States citizen? Yes No 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

County: _____ Current party Affiliation: _____

As a general matter, applications for appointment are public records, which may be requested by anyone; however, Florida law does provide some exemptions from the public records law for identifying information of certain covered individuals including their spouses and children.*** If you believe that an exemption from the public records law applies to your submission, please check the box below. By checking the box you are submitting a written request for the EOG to maintain the exemption of your identifying information as provided by law (see section 119.071(4)3., Florida Statutes).

Yes, I assert that my identifying information provided in this application is exempt from Florida's public records law.

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:

The Office of the Attorney General
 PL-01, The Capitol
 Tallahassee, Florida 32399
 (850) 245-0158

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

***Covered individuals include but are not limited to: current or former law enforcement officers, correctional and correctional probation officers, firefighters, service members serving after September 11, 2001, judges, assistant state attorneys, assistant and statewide prosecutors, assistant public defenders, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families (see section 119.071, Florida Statutes).

Please note: This file must be downloaded to your local computer before being filled out. There is no save feature included with the online version of this form. Any information entered to the online version of the forms will be lost when downloaded. After the .pdf is downloaded and filled out it can be saved to your computer for upload and to retain a copy for your records.



Appointments Questionnaire

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

Date Completed

Name: _____
MR./MRS./MS./DR. FIRST LAST MIDDLE/MAIDEN

Section 1- General Information

List all your places of residence for the last ten (10) years.

Address	City & State	Dates: From / To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all your former and current residences outside of Florida that you have maintained at any time during adulthood

Address	City & State	Dates: From / To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

Date	Place	Nature	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No

If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes No

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

Office Title	Dates in Office	Level of Government	Election or Appointment

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

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

Have you ever been suspended from any office by the Governor of the State of Florida?

Yes No

If "Yes", list:

Title of Office: _____

Reason for suspension: _____

Date of suspension: _____

Result: Reinstated Removed Resigned

Have you previously been appointed to any office that required confirmation by the Florida Senate?
Yes No

If "Yes", list:

(1) Title of Office: _____

(2) Term of Appointment: _____

(3) Confirmation Result: _____

Have you ever been refused a fidelity, surety, performance, or other bond? Yes No

If "Yes", explain:

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date
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Section 3- Possible Conflicts of Interest

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 Business	Business Relationship to Agency
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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:

Name of Business	Relationship to You	Relationship to Business	Business Relationship to Agency
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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

(1) Did you receive any compensation other than reimbursement for expenses? Yes No

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

Agency Lobbied

Principal Represented

Are there any possible conflicts of interest that could affect your ability to serve as a gubernatorial appointee?

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. _____

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. _____

Section 4- References and Experience

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

Please list specifically any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment:

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

Please identify all association memberships and offices (including any business, professional, occupational, civic, or fraternal organizations) you have held or hold relating in the last 10 years:

Name of the Association	Role	Dates of Membership

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:

List three persons who have known you well within the past five (5) years. Include a current telephone number. Exclude your relatives and members of the Florida Senate.

Name	Organization	Phone Number

In the following space, please explain why you want to serve as a gubernatorial appointee and share anything else that you think may be helpful:

Section 5- Certification and Signature

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 Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief.

By checking this box and typing my name below I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/ _____
First Name Middle Initial Last Name Suffix

Please save this document to upload with your board application.

If you have any questions, please call (850) 717-9243 or email Appointments@eog.myflorida.com