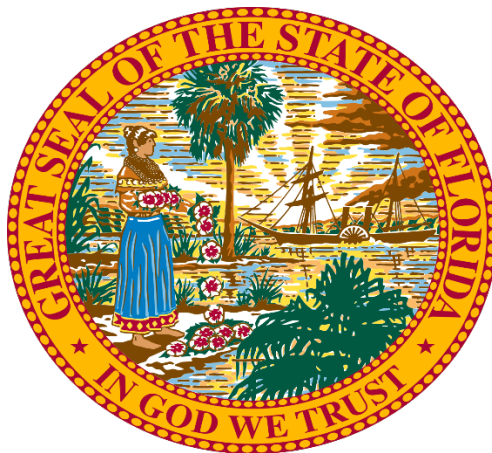


Date Completed:



EXECUTIVE OFFICE OF GOVERNOR RON DESANTIS
Office of Gubernatorial Appointments
Appointments Questionnaire

On behalf of Governor DeSantis, thank you for your interest in serving the state of Florida. This file **must** be downloaded to your 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 this form 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. If the board application page is not working, this questionnaire can be submitted via the email address below.

appointments@eog.myflorida.com

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 or blue ink

Please be mindful that Florida has a very broad public records law and applications that are submitted for appointment may be subject to review by the public in accordance with Art. 1, s. 24 of the Florida Constitution. Additionally, some positions that are appointed by the Governor may require you to complete a financial disclosure form if appointed. Please contact the Florida Commission on Ethics if you have any questions regarding financial disclosure at (850) 488-7864.

PERSONAL INFORMATION

1. Salutation: _____ First: _____ Middle: _____ Last: _____

2. Marital Status: _____ Spouse information, if applicable: First: _____ Last: _____

3. Have you ever been known by any other legal name? Yes No

If "yes", explain.

4. Please list all of your places of residence for the last ten (10) years from most current to previous.

Address**City, State, & Zip Code****Dates: From/To**

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

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

Address**City, State, & Zip Code****Dates: From/To****EDUCATION**

Type of School	Name and Location of School	Year Graduated	Field of Study
High School			
Undergraduate			
Graduate			
Other			

**If you have additional education that you would like to include, please attach additional pages at the end of this document.*

EMPLOYMENT

1. Are you retired? Yes No

2. Please list your current employer and job title. If retired, please provide your most recent employer and job title. Current Employer _____ Job Title _____

3. Please list any employers and job titles held within the past ten (10) years from most current to previous.

Employer

Job Title

Dates: From/To

4. Have you ever been employed by any state, district, or local government agency in Florida that were not listed above? Yes No

If "yes", list:

Name of Employing Agency

Position

Period(s) of Employment

5. Have you ever been asked to resign or been terminated from any form of employment? Yes No

If "yes", explain. _____

6. Have you ever been the object of any administrative or civil action based upon discrimination in the workplace? Yes No

If "yes", explain and indicate the disposition of the administrative or civil action.

7. Are you or have you ever been a member of the Armed Forces of the United States? Yes No

Did you serve in combat? Yes No Branch and Component _____

Dates of Service _____ Date and Type of Discharge _____

PUBLIC SERVICE

1. Have you ever been elected to any public office in this state? Yes No

If "yes", list:

Title(s) of Office	Date of Election(s)	Term of Office(s)	Level of Government

2. Have you ever been a candidate for any public office in this state? Yes No

If "yes", list:

Title(s) of Office	Date(s) of Candidacy	Election Results

3. Have you ever been appointed to any public office in this state? Yes No

If "yes", list:

Title(s) of Office	Date(s) of Appointment	Term of Office(s)	Level of Government

If you have been appointed to any public office, answer the following:

Number of meetings held during your tenure on the board _____

Number of meetings you attended _____

Number of meetings you missed _____

Reason(s) for your absence _____

4. Have any members of your immediate family (spouse, child, parent(s), sibling(s)) been appointed to serve as a Gubernatorial appointee in the state of Florida? Yes No

If "yes", list:

Name of Appointee	Relation to You	Date of Appointment	Title(s) of Office

5. Have you ever been appointed to any office that required confirmation by the Florida Senate?

Yes No

If "yes", list:

Title(s) of Office	Term(s) of Appointment	Confirmation Result

6. Have you ever resigned from any position, elected or appointed? Yes No

If "yes", list:

Title(s) of Office	Date(s) of Resignation	Reason for Resignation

7. Have you ever been suspended by the Governor of the state of Florida or any Governor from any position, elected or appointed? Yes No

If "yes", list:

Title(s) of Office	Date(s) of Suspension	Reason for Suspension

ETHICAL DISCLOSURE

1. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? This would include any time you have ever been convicted, entered a guilty plea of nolo contendere for any criminal violation (exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes No

If "yes", explain. _____

2. If you have ever been convicted of a crime and that record is sealed or expunged, select one of the following: **Sealed** **Expunged** **Not Applicable**

3. Are you currently facing investigation, charges, or indictment for any violation of law? Yes No

If "yes", explain. _____

4. Have you ever been a party or involved in any civil or criminal legal proceedings? Yes No

If "yes", explain (Do not include any information where no allegations of wrongdoing were alleged against you).

5. Are you the plaintiff or defendant in any action pending before any judicial or administrative tribunal?

Yes No

If "yes", explain. _____

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

If "yes", explain. _____

7. In the last five years, has any business in which you, a spouse, a relative, or a business associate been a party to any administrative agency proceeding or civil litigation relevant to the position in which you wish to be appointed to? Yes No

If "yes", explain. _____

8. 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", list:

Date(s) of Violation	Nature of Violation(s)	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Have you, or any business 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 government agency in Florida, including the office or agency to which you have been appointed to or are seeking appointment?

Yes No

If "yes", explain.

Name of the Business	Your Relationship to the Business	Business Relationship to the Agency

10. Have members of your immediate family (spouse, child, parent(s), sibling(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 agency to which you have been appointed or are seeking appointment? Yes No

If "yes", explain.

Name of the Business	Relationship to you	Their Relationship to Business	Business Relationship to the Agency

11. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the last five (5) years? Yes No

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

If "yes", explain.

Name of the Agency Lobbied	Principal(s) you represented

12. Dual Office Holding? Yes No

Article II, section 5(a) of the Florida Constitution prohibits any person from holding more than one office under the government of the state, counties, and municipalities at the same time, except for certain exclusions stated therein (notary public, military officer, member of a statutory body having only advisory powers, etc.).

13. Are there any other possible conflicts of interest or perceived conflicts of interest that could hinder your ability to serve as a Gubernatorial appointee? Yes No

If "yes", explain. _____

EXPERIENCE AND INTERESTS

1. Please state your experiences and interests or elements of your personal history that qualify you for appointment to this board. _____

2. Please list any awards or recognitions that you have received within the past ten (10) years.

3. Describe your understanding of the role of a member on the board that you are applying to be considered for. _____

4. Please explain why you want to serve as a Gubernatorial appointee and share anything else that you think may be helpful. _____

CERTIFICATION AND SIGNATURE

1. Do you know of any reason why you would not be able to attend fully to the duties of the office or position to which you have been or could be appointed? Yes No

If "yes", explain. _____

2. If appointed, I agree to follow, as applicable to the position, Florida’s public records and open meeting laws.

Initial here. _____

3. 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. Initial here. _____

4. 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. Initial here. _____

5. 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 _____ Middle _____ Last _____ 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

If you need more space, add additional pages at the end of the document.