

**THE FLORIDA HOUSE OF REPRESENTATIVES**  
**Appointments Questionnaire**



**THE FLORIDA HOUSE OF REPRESENTATIVES**  
**OFFICE OF THE SPEAKER**

Appointment Office  
Suite 420, The Capitol  
402 South Monroe Street  
Tallahassee, Florida 32399

**THE FLORIDA HOUSE OF REPRESENTATIVES  
QUESTIONNAIRE FOR APPOINTMENT BY THE SPEAKER OF THE HOUSE**

Date Completed: \_\_\_\_\_

1. Board(s) of Interest \_\_\_\_\_

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**PERSONAL INFORMATION**

2. Name: \_\_\_\_\_  
                    Mr./Mrs./Ms.                      Last                      First                      Middle/Maiden                      Suffix (Jr., Sr., III, etc)

3. Have you ever been known by any other name?     Yes     No    If yes, please explain and provide all other names:  
\_\_\_\_\_  
\_\_\_\_\_

4. Spouse's Name: \_\_\_\_\_

5. Residence: \_\_\_\_\_  
                    Street                                              City                                              County                                              Zip Code  
\_\_\_\_\_  
                    Post Office Box                                              City                                              County                                              Zip Code  
\_\_\_\_\_  
                    Telephone Number (area code included)                                              Cell Number (area code included)

6. Business: \_\_\_\_\_  
                    Business Name  
\_\_\_\_\_  
                    Street                                              City                                              County                                              Zip Code  
\_\_\_\_\_  
                    Post Office Box                                              City                                              County                                              Zip Code  
\_\_\_\_\_  
                    Telephone Number (area code included)                                              Fax Number (area code included)

7. Email Address: \_\_\_\_\_

8. To which address should correspondence be sent?     Residence     Business

9.\* Your Gender:     Female     Male                      10. Social Security Number: \_\_\_\_\_

11. Date of Birth: \_\_\_\_\_    12. Place of Birth: \_\_\_\_\_  
                    Month/Day/Year                                              City                                              State                                              Country

13.\* Please describe yourself within one or more of the following categories:  
\_\_\_\_\_  
     Caucasian                                               "Native-American"  
     "African-American"                                               "American woman"  
     "Hispanic-American"                                               "Physically-disabled"  
     "Asian American"

\*This information is requested pursuant to Section 760.80, Florida Statutes, and will be used to provide demographic statistics. The information is not requested for the purpose of discriminating in any way.

14. Driver License: \_\_\_\_\_  
*Number* *State of Issuance*

15. Are you a United States citizen:  Yes  No If "No", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If you are a naturalized citizen, please provide the date of naturalization: \_\_\_\_\_  
*Month/Day/Year*

17. Are you a registered Florida voter?  Yes  No  
County of Registration \_\_\_\_\_ Party Affiliation: \_\_\_\_\_

18. Since what year have you been a continuous resident of Florida: \_\_\_\_\_

19. Are you or have you ever been a member of the United States Armed Forces, including the National Guard?  
 Yes  No Did you serve in combat?  Yes  No  
A. Dates of Service: \_\_\_\_\_  
B. Branch or Component: \_\_\_\_\_  
C. Date and Type of Discharge: \_\_\_\_\_

20. Please list all your places of residence during the past 5 years:

<i>Address</i>	<i>City and State</i>	<i>From/To</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Please list all current residences outside the State of Florida as well as all former residences outside the State of Florida where you resided at any time since you were 18 years of age:

<i>Address</i>	<i>City and State</i>	<i>From/To</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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22. Please list three persons who have known you well during the past 5 years, excluding your relatives:

<i>Name</i>	<i>Telephone Number (including area code)</i>		
<i>Mailing Address</i>	<i>City/State</i>	<i>Zip</i>	
<i>Name</i>	<i>Telephone Number (including area code)</i>		
<i>Mailing Address</i>	<i>City/State</i>	<i>Zip</i>	
<i>Name</i>	<i>Telephone Number (including area code)</i>		
<i>Mailing Address</i>	<i>City/State</i>	<i>Zip</i>	
<i>Name</i>	<i>Telephone Number (including area code)</i>		
<i>Mailing Address</i>	<i>City/State</i>	<i>Zip</i>	

**EDUCATION**

23. High School: \_\_\_\_\_  
*Name* *City* *State* *Date of Graduation*

24. Please list all postsecondary educational institutions you attended:

<i>Name/Location</i>	<i>Dates Attended</i>	<i>Certificate/Degree Earned</i>

**EMPLOYMENT**

25. Current employer or occupation: \_\_\_\_\_

26. Please provide the information requested for all employers within the previous 5 years, beginning with the current employer:

A. \_\_\_\_\_  
*Employer* *Address*

<i>Type of Business</i>	<i>Occupation/Title</i>	<i>Dates of Employment</i>

B. \_\_\_\_\_

Employer

Address

Type of Business

Occupation/Title

Dates of Employment

C.

Employer

Address

Type of Business

Occupation/Title

Dates of Employment

D.

Employer

Address

Type of Business

Occupation/Title

Dates of Employment

E.

Employer

Address

Type of Business

Occupation/Title

Dates of Employment

27. Have you ever been employed by any state, special district, or local government entity in Florida? \_\_\_\_ Yes \_\_\_\_ No

If "Yes", please provide the following information for each position:

Employing Entity

Position Held

Period of Employment

Employing Entity

Position Held

Period of Employment

Employing Entity

Position Held

Period of Employment

28. Have you received any degrees, professional certifications, or designations related to the subject matter of this appointment?

\_\_\_\_ Yes \_\_\_\_ No If "Yes", please list:

29. Have you ever been asked to resign from any form of employment? \_\_\_\_ Yes \_\_\_\_ No

If "Yes", please provide the employer's name and the position held along with a brief explanation:

30. Have you ever been terminated from any form of employment? \_\_\_\_ Yes \_\_\_\_ No

If "Yes", please provide the employer's name and the position held along with a brief explanation:

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31. Have you held or do you hold an occupational or professional license or certificate in the State of Florida?  Yes  No  
 If "Yes", please provide the following information for each. If any disciplinary action was taken against a license or certification issued to you (fine, probation, suspension, revocation, disbarment), please provide the type and date of the action.

<i>Type of License/Certificate</i>	<i>Original Issue Date</i>	<i>Issuing Authority</i>	<i>Disciplinary Action/Date</i>	<i>License Number</i>

**ETHICAL DISCLOSURE**

32. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance (excluding traffic violation for which a fine or civil penalty of \$150 or less was paid)?  Yes  No  
 If "Yes", please provide the following information for each:

<i>Date</i>	<i>Place</i>	<i>Nature</i>	<i>Disposition</i>

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

<i>Date</i>	<i>Nature of Violation</i>	<i>Disposition</i>

34. Have you ever been suspended from any office by the Governor of the State of Florida?  Yes  No  
 If "Yes", please provide the following information and a brief explanation:

*Title of Office:* \_\_\_\_\_ *Reason for Suspension:* \_\_\_\_\_

*Date of Suspension:* \_\_\_\_\_ *Result:*  Reinstated  Removed  Resigned

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35. Have you ever been refused fidelity, surety, performance, or other bond?  Yes  No If "Yes", please explain:

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36. Have you, or a business of which you have been an owner, officer or employee, held any contractual or other direct dealings during the last 4 years with any state or local governmental agency in Florida?  Yes  No If "Yes", please provide the following information:

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

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37. Have members of your immediate family (spouse, child, parents, siblings, 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 4 years with any state or local government agency in Florida?  Yes  No If "Yes", please provide the following information:

*Name of Business* *Family Relationship* *Family Relationship to Business* *Business Relationship to Agency*

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38. Are you currently a registered lobbyist or have you lobbied at any level of government at any time during the past 5 years?  Yes  No If "Yes", did you receive any compensation other than reimbursement for expenses?  Yes  No

Please provide the name(s) of the agency or entity you lobbied and the principals you represented:

*Agency Lobbied* *Principal Represented*

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39. Have you ever been the object of any administrative or civil action based upon discrimination in the work place?  Yes  No If "Yes", please explain and indicate the disposition of the administrative or civil action:

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40. Are you the plaintiff or defendant in any action pending before any judicial or administrative tribunal?  Yes  No If "Yes", please explain:

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41. Is there anything that you were not questioned about in this application that you should make known to us that impugns your integrity, character, or fitness for the position(s) you are seeking? \_\_\_ Yes \_\_\_ No If "Yes", please explain:

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

**ADDITIONAL INFORMATION**

43. Have you ever been elected or appointed to any public office in this state? \_\_\_ Yes \_\_\_ No If "Yes", please provide the title of each office, date of election or appointment, term of office, and level of government (city, county, special district, state, or federal):

<i>Office Title</i>	<i>Date of Election or Appointment</i>	<i>Term of Office</i>	<i>Level of Government</i>

44. If your service was on an appointed board, committee, or council:

- a. How frequently were meetings scheduled? \_\_\_\_\_
- b. If you missed any meetings, state the number attended, the number missed, and the reasons for absences:

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45. Do you currently hold an office or position (appointive, civil service, or other) with the U.S. Government or any foreign government? \_\_\_ Yes \_\_\_ No If "Yes", please provide the following information:

<i>Position Held</i>	<i>Appointing Entity</i>	<i>Dates of Service</i>

46. Please describe your experiences and interests, or elements of your personal history, that qualify you for this appointment:

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47. Please identify all association memberships and association offices currently held by you that relate to this appointment:

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48. Are you now, or have you within the past three years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender? If so, please provide the name and nature of the organization, relevant policies and practices, and indicate whether you intend to continue as a member if appointed by the Speaker.

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49. Are you aware of any reason why you may be unable to fulfill the duties of the office or position to which you have been or may be appointed? \_\_\_\_ Yes \_\_\_\_ No If "Yes", please explain:

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# CERTIFICATION

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me, the undersigned Notary Public of Florida, personally appeared \_\_\_\_\_, who after being duly sworn, say: 1) that he/she has carefully prepared or read the answers to the foregoing questions: 2) that the information contained in said answers is complete and true: 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida.

\_\_\_\_\_  
*Signature of Applicant – Affiant*

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public – State of Florida*

\_\_\_\_\_  
*Print, type or stamp commissioned name of notary public*

My commission expires: \_\_\_\_\_

Personally Known ( ) or Produced Identification ( )

Type of identification produced: \_\_\_\_\_