



**Board and Commission Application  
for Appointments by the  
Jacksonville City Council**



## **JACKSONVILLE CITY COUNCIL Board and Commission Appointment Application**

### **INSTRUCTIONS**

This form may be typed, hand written, or filled out online and printed. Mail all completed, signed and notarized forms to:

Jacksonville City Council  
Board and Commission Appointments  
117 W. Duval Street, Suite 425  
Jacksonville, FL 32202

(904) 630-1377 Telephone  
(904) 630-2906 FAX

To access this form online, go to  
<http://www.coj.net/City+Council/City+Council+Appointments.htm>

If you fill out the Application online and want to keep an electronic copy on your computer, use the "Save As" command under the "File" menu, and save the document to your hard drive. If you close the document without saving, your information will be lost.

The Application / Background Investigation Waiver must be notarized.

# APPLICATION FOR CITY COUNCIL BOARD AND COMMISSION APPOINTMENTS

This form must be completed in full, signed, and notarized.

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

## Personal Information

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

\_\_\_\_\_  
Nickname/Preferred Name

3. Residence: \_\_\_\_\_  
Street    City    County    Zip Code

\_\_\_\_\_  
Post Office Box    City    County    Zip Code

\_\_\_\_\_  
Telephone: (area code) number    Mobile: (area code) number

4. Business: \_\_\_\_\_  
Business Name

\_\_\_\_\_  
Street    City    County    Zip Code

\_\_\_\_\_  
Post Office Box    City    County    Zip Code

\_\_\_\_\_  
Telephone: (area code) number    Mobile: (area code) number

5. Email Address: \_\_\_\_\_

6. To which address do you prefer correspondence regarding this application be sent?     Residence     Business

7. Is your address exempt from Chapter 119, *Florida Statutes*, regarding Public Records?     Yes     No

If yes, please explain: \_\_\_\_\_

8. Your Gender:     Male     Female

9. Describe yourself within one or more of the categories below. This information is requested pursuant to Section 760.80, *Florida Statutes*. [Access the Statute online.](#)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Caucasian           | <input type="checkbox"/> "Asian American"  | <input type="checkbox"/> "physically disabled" |
| <input type="checkbox"/> "African American"  | <input type="checkbox"/> "Native American" |  |
| <input type="checkbox"/> "Hispanic American" | <input type="checkbox"/> "American woman"  |  |

10. As of what date have you been a continuous resident of:

A. Duval County? \_\_\_\_\_  
Month/Day/Year

B. Florida? \_\_\_\_\_  
Month/Day/Year

11. Are you're a U.S. Citizen?     Yes     No

12. Are you registered to vote in Florida?     Yes     No    If yes, County of Registration: \_\_\_\_\_

## Education

13. High School: \_\_\_\_\_  
Name City State

14. Postsecondary Institutions:  
Name and Location Dates Attended Certificate/Degree Earned  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment

15. Provide the requested information for all employers within the last five years, beginning with the most current:

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

\_\_\_\_\_  
Type of Business Occupation/Job Title Dates of Employment

B. \_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Type of Business Occupation/Job Title Dates of Employment

C. \_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Type of Business Occupation/Job Title Dates of Employment

## Special Qualifications

16. List any special qualifications you think are relevant to your being appointed to a board, commission, council or committee, including any type of licensure or certification you hold, as well as any civic, professional, or political organization to which you belong.

Type or Name of License or Certificate Number Granting Agency Date Granted  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Civic, Professional or Political Organization Office(s) Held Membership Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Give any additional information you believe is relevant to your appointment to a board, commission, council, or committee. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ethical Disclosure**

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

19. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past four years?  Yes  No

If yes, did you receive compensation other than reimbursement for expenses?  Yes  No

<u>Agency Lobbied</u>	<u>Principal(s) Represented</u>	<u>Dates</u>

20. Has probable cause ever been found that you were in violation of:  
 A. Part III, Chapter 12, *Florida Statutes*, the Code of Ethics for Public Officers and Employees?  Yes  No  
 B. Chapter 602, *Jacksonville Municipal Code*, the Jacksonville Ethics Code?  Yes  No

If yes to either above, please provide:

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

21. Have you ever been suspended from any public office or appointment?  Yes  No If yes, please provide:

<u>Title of Office</u>	<u>Date of Suspension</u>	<u>Reason for Suspension</u>	<u>Result (Reinstated/Removed)</u>

22. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law or ordinance? (Exclude traffic violations for which a fine of \$150 or less was paid.)  Yes  No  
 If yes, please provide:

<u>Date</u>	<u>Place</u>	<u>Nature of Violation</u>	<u>Disposition</u>





**JACKSONVILLE CITY COUNCIL**  
**AUTHORITY FOR RELEASE OF INFORMATION**  
(Background Investigation Waiver)

APPLICANT'S FULL NAME: \_\_\_\_\_  
First Middle Last Suffix(Jr./Sr./III/etc.)

MAIDEN NAME, IF APPLICABLE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

I hereby authorize the release of personal information. A photocopy of this form will be as effective as the original. **Pursuant to Sections 943.13 (4), (5), and (7), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

JSO use only:

*The following information will be deleted from public records:*

BIRTH DATE: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_  
Month/Day/Year City State Country

DRIVER LICENSE: \_\_\_\_\_  
Number State

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**CERTIFICATION / AFFIDAVIT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ who, after being duly sworn, says: (1) that he/she has carefully and personally reviewed the answers to the foregoing questions; (2) that the information is complete and true; (3) that he/she executed the foregoing instrument of his/her own free will and accord, with full knowledge of the purpose therefore, and (4) that he/she will, as appointee, uphold the constitutions of the United States and of the State of Florida.

\_\_\_\_\_  
Signature of the Applicant

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

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, type, or stamp commissioned name

Personally Known      OR       Produced Identification

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