



**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