



**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 along with a current **RESUME** 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.aspx>

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 and accompany a current Resume.

**APPLICATION FOR CITY COUNCIL BOARD AND COMMISSION APPOINTMENTS**  
This form must be completed in full, signed, notarized and accompany a current resume.

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

2. How did you hear / learn about this appointment opportunity? \_\_\_\_\_

**Personal Information**

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

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

Post Office Box      City      County      Zip Code

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

5. Business: \_\_\_\_\_  
Business Name

Street      City      County      Zip Code

Post Office Box      City      County      Zip Code

Telephone: (area code) number      FAX: (area code) number

6. Email Address: \_\_\_\_\_

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

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

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

9. Your Gender: ☐ Male ☐ Female

10. 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  |                                              |

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

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

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

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

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

## Education

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

15. Postsecondary Institutions:

| <u>Name and Location</u> | <u>Dates Attended</u> | <u>Certificate/Degree Earned</u> |
|--------------------------|-----------------------|----------------------------------|
| _____                    |                       |                                  |
| _____                    |                       |                                  |
| _____                    |                       |                                  |

## Employment

16. Provide the requested information for all employers within the last five years, beginning with the most current. **Please elaborate in your attached resume.**

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

17. 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. **Please elaborate in your attached resume.**

| <u>Type or Name of License or Certificate</u> | <u>Number</u> | <u>Granting Agency</u> | <u>Date Granted</u> |
|-----------------------------------------------|---------------|------------------------|---------------------|
| _____                                         |               |                        |                     |
| _____                                         |               |                        |                     |
| _____                                         |               |                        |                     |

| <u>Name of Civic, Professional or Political Organization</u> | <u>Office(s) Held</u> | <u>Membership Dates</u> |
|--------------------------------------------------------------|-----------------------|-------------------------|
| _____                                                        |                       |                         |
| _____                                                        |                       |                         |
| _____                                                        |                       |                         |

18. Give any additional information you believe is relevant to your appointment to a board, commission, council, or committee. **Please elaborate in your attached resume.**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Ethical Disclosure

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

20. 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

Agency Lobbied

Principal(s) Represented

Dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. 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:

Date

Nature of Violation

Disposition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Title of Office

Date of Suspension

Reason for Suspension

Result (Reinstated/Removed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. 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:

Date

Place

Nature of Violation

Disposition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Have you ever been refused a fidelity, surety, performance, or other bond? ☐ Yes ☐ No  
If yes, please provide:

| <u>Type of Bond</u> | <u>Insurer or Bond</u> | <u>Date</u> | <u>Reason(s) Given</u> |
|---------------------|------------------------|-------------|------------------------|
|---------------------|------------------------|-------------|------------------------|

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25. Do you know any reason why you would not be able to attend fully to the duties of the office or position to which you may be appointed? ☐ Yes ☐ No If yes, please explain:

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### History of Service

26. Have you ever been elected to any public office in Florida? ☐ Yes ☐ No If yes, please provide:

| <u>Office Title</u> | <u>Date of Election</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|-------------------------|-----------------------|----------------------------|
|---------------------|-------------------------|-----------------------|----------------------------|

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27. Have you previously been appointed to any office that required confirmation by the Jacksonville City Council? ☐ Yes ☐ No If yes, please provide:

| <u>Title of Office</u> | <u>Term of Appointment</u> |
|------------------------|----------------------------|
|------------------------|----------------------------|

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28. Have you ever been employed by any local governmental agency in Jacksonville/Duval County? ☐ Yes ☐ No  
If yes, please provide:

| <u>Position</u> | <u>Employing Agency</u> | <u>Dates of Employment</u> |
|-----------------|-------------------------|----------------------------|
|-----------------|-------------------------|----------------------------|

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29. If you served on an appointed board, commission, council, or committee, and missed any regularly scheduled meetings, please provide:

| <u>Number of Meetings Attended</u> | <u>Number of Meetings Missed</u> | <u>Reason for Absence(s)</u> |
|------------------------------------|----------------------------------|------------------------------|
|------------------------------------|----------------------------------|------------------------------|

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**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