

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) 630-7234 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 | low did you hear / learn about this appointment opportunity? | | | | | | |
| | | | Pe | rsonal Information | 1 | | | |
| 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) num | ber | | |
| 5. | Business: | Business Name | | | | | | |
| | | Street | | City | County | Zip Code | | |
| | | Post Office Box | | City | County | Zip Code | | |
| | | Telephone: (area | code) number | | FAX: (area code) numbe | er | | |
| 6. | Email Addres | ss: | | | | | | |
| 7. | To which add | lress do you prefe | er correspondenc | e regarding this applica | ation be sent? Residen | ce 🗌 Business | | |
| 8. | Is your addre | ss exempt from C | hapter 119, <i>Flor</i> | ida 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 Statues. Access the Statute online. Caucasian Asian American physically disabled African American American American American American American | | | | | | | |
| 11. | As of what da | ate have you beer | a continuous re | sident of: | | | | |
| | , | A. Duval County? | Month/Day/Y | B. FI | orida? Month/Day/Ye | ar | | |
| 12. | Are you're a | U.S. Citizen? | ☐ Yes ☐ N | lo | | | | |
| 13. | Are you regis | tered to vote in F | orida? 🔲 Y | es No If yes, | County of Registration: | | | |

Education

| 14. | Hig | h School: _ | | | | | | |
|-----|---|---|-----------------------------------|---------------|---------------------------------------|---------------------|--|--|
| | | | Name | | City | State | | |
| 15. | 5. Postsecondary Institutions: <u>Name and Location</u> | | <u>Dates A</u> | ttended | Certificate/Degree Earned | | | |
| | | | | | | | | |
| | | | | Employ | | | | |
| 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 Busin | ess | Occupation/J | ob Title | Dates of Employment | | |
| | B. Employer Address | | | | ; | | | |
| | Type of Business | | | Occupation/J | ob Title | Dates of Employment | | |
| | C. | Employer | | Address | · · · · · · · · · · · · · · · · · · · | | | |
| | | Type of Busin | ess | Occupation/J | ob Title | Dates of Employment | | |
| | | | | Special Qual | ifications | | | |
| 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. | | | | | | | |
| | Туре | e or Name of Li | cense or Certificate | <u>Number</u> | Granting Agency | <u>Date Granted</u> | | |
| | | | | | | | | |
| | Nam | ne of Civic, Pro | essional or Political Organizatio | <u>n</u> | Office(s) Held | Membership Dates | | |
| | | | | | | | | |
| | | | | | | | | |

| 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 | 19 If required by law or administrative rule | , will you file financial disclosure statements | s? ☐ Yes ☐ No | | | | | |
| | Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past four years? No | | | | | | | |
| | If yes, did you receive compensation of | If yes, did you receive compensation other than reimbursement for expenses? | | | | | | |
| | Agency Lobbied | Principal(s) Represented | <u>Dates</u> | | | | | |
| | | | | | | | | |
| 21. | Has probable cause ever been found that you were in violation of: A. Part III, Chapter 12, <i>Florida Statutes</i> , the Code of Ethics for Public Officers and Employees? Yes No B. Chapter 602, <i>Jacksonville Municipal Code</i> , the Jacksonville Ethics Code? Yes No If yes to either above, please provide: | | | | | | | |
| | <u>Date</u> <u>Nature of Vic</u> | <u>olation</u> | <u>Disposition</u> | | | | | |
| 22. | 22. Have you ever been suspended from a Title of Office Date of Suspension | any public office or appointment? | ☐ No If yes, please provide: 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: | | | | | | |
| | <u>Date</u> <u>Place</u> | Nature of Violation | <u>Disposition</u> | | | | | |
| | | | | | | | | |

| 24. | Have you ever been refused a fidelity, surety, performance, or other bond? Yes No f yes, please provide: | | | | | | |
|-----|--|-----------------------|---------------------------|----------------|-------------------------|--|--|
| | Type of Bond | Insurer or Bond | <u>Date</u> | | Reason(s) Given | | |
| | | | | | | | |
| 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: | | | | | | |
| | | | History of S | Service | | | |
| 26. | Have you ever b | een elected to any pu | ublic office in Florida? | ☐ Yes ☐ No | If yes, please provide: | | |
| | Office Title | Date of Ele | ection ection | Term of Office | Level of Government | | |
| | | | | | | | |
| 27. | Have you previously been appointed to any office that required confirmation by the Jacksonville City Council? Yes No If yes, please provide: | | | | | | |
| | Title of Office | | | <u>Ten</u> | m of Appointment | | |
| | | | | | | | |
| 28. | Have you ever been employed by any local governmental agency in Jacksonville/Duval County? | | | | | | |
| | <u>Position</u> | | Employing Agency | | Dates of Employment | | |
| | | | | | | | |
| 29. | If you served on an appointed board, commission, council, or committee, and missed any regularly scheduled meetings, please provide: | | | | | | |
| | Number of Meetings | Attended <u>N</u> | Number of Meetings Missed | Rea | ason for Absence(s) | | |
| | | | | | | | |
| | | | | | | | |



JACKSONVILLE CITY COUNCIL AUTHORITY FOR RELEASE OF INFORMATION

(Background Investigation Waiver)

| First | Middle | Last | Suffix(Jr./Sr./III/etc. |
|--|---|------------------------------|-------------------------|
| MAIDEN NAME, IF APPLICABLE: | | | |
| RESIDENTIAL ADDRESS: | | | |
| RACE: S | | | |
| hereby authorize the release of personal in Sections 943.13 (4), (5), and (7), F.S., Chap o state or federal law. Civil penalties may | ter 2001-94, Laws of Florida, | disclosure of information is | required unless contrar |
| Applicant's Signature | | Date | |
| | | JSO use only: | |
| | | | |
| The following information will be deleted for the state of the state o | rom public records: _ BIRTH PLACE: City | State | Country |
| | | | |

CERTIFICATION / AFFIDAVIT

| STATE OF | COUNTY OF _ | |
|--|---|---|
| after being duly sworn, says: (1) that h questions; (2) that the information is comp | ne/she has carefully and per plete and true; (3) that he/she of the purpose therefore, an | who rsonally reviewed the answers to the foregoing executed the foregoing instrument of his/her own ad (4) that he/she will, as appointee, uphold the |
| 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 |