

# POLICE AND FIRE PENSION FUND FINANCIAL INVESTMENT ADVISORY COMMITTEE APPLICATION

### FINANCIAL INVESTMENT ADVISORY COMMITTEE APPLICATION

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

### PERSONAL INFORMATION

1. Name:				
	Dr./Mr./Mrs./Ms.	First Middle/N	faiden Last	Suffix
	Nickname/Preferred Name			
2. Residence:				
	Street	City	County	Zip Code
	Post Office Box	City	County	Zip Code
	Telephone: (area code) num	ber	Mobile: (area code)	) number
3. Business:	Business Name			
	Street	City	County	Zip Code
	Post Office Box	City	County	Zip Code
	Telephone: (area code) num	ber	Mobile: (area code)	) number
4. Email:				
5 To which a	ddress do vou prefer corr	espondence regarding this	application he sent?	
J. 10 WINCH at	[] Residence	[] Business	application be sent:	
	[] Westdeffee	[] Business		
6. Is your add	ress exempt from Chapte	r 119, <i>Florida Statutes</i> , reg	garding Public Records?	
	[] Yes	[ ] No		
If yes, please	explain:			
7. Your Gende	er: [] Male	[] Female		
8. Describe yo	ourself within one or more	e of the categories below. T	This information is requ	ested pursuant to
Section 760.8	0, Florida Statutes.			
	[] Caucasian	[] "Asian American"	[] "physically o	lisabled"
	[] "African American"	[] "Native American"		
	[] "Hispanic Americar	n" [] "American Woman"		

9. As	of what date have you been a d	continuous re	esident of:		
A. Duval County?Month/Day/Year		D (V	B. Florida? Month/Day/Year		
10. 4			IVIO	ontn/Day/Year	
10. A	re you a U.S. Citizen? [] Yes	[] No			
11. Ar	re you registered to vote in Flor	rida? [] Yes	[] No If yes, County of	f Registration:	
		ED	UCATION		
12. H	igh School:		City	State	
13. Pa	ostsecondary Institutions:				
Name :	and Location	<u>D</u>	ates Attended	Certificate/Degree Earned	
		ЕМЕ	PLOYMENT		
14. Pr	<u>-</u>	on for all em	ployers within the last five	e years, beginning with the most	
A.					
	Employer		Address		
	Type of Business	Oc	cupation/Job Title	Dates of Employment	
B.	Employer		Address		
	Type of Business	Oc	cupation/Job Title	Dates of Employment	
C.					
	Employer		Address		
	Type of Business	Oc	cupation/Job Title	Dates of Employment	

## **SPECIAL QUALIFICATIONS**

15. List any special qualifications you the including any type of licensure or certific organization to which you belong.			
Type or Name of License or Certificate	<u>Number</u>	Granting Agency	<b>Date Granted</b>
Name of Civic, Professional or Political Organizati	<u>ion</u>	Offices Held	<u>Membership Dates</u>
16. Give any additional information you	believe is releva	ant to your appointment to t	the committee.
E	THICAL DIS	CLOSURE	
17. As required by Board Rule, do you ag	gree to file finan	cial disclosure statements?	[] Yes [] No
18. Have you been a registered lobbyist of the past four years? [] Yes [] No		oied at any level of governm	ent at any time during
If yes, did you receive compensation oth	er than reimbui	rsement for expense? []	Yes [] No
Agency Lobbied	Principal(s) R	<u>epresented</u>	<u>Dates</u>

19. 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	-				
<u>Date</u>	<u>Natur</u>	re of Violation		<u>I</u>	<u>Disposition</u>
20. Have you ever b If yes, please provid	een suspended from ar e:	ny public office or ap	ppointment?	[] Yes [	] No
<u>Title of Office</u>	<u>Date of Suspension</u>	Reason for Susp	<u>ension</u>	<u>Result (Rei</u>	nstated/Removed)
municipal law or or	een arrested, charged, dinance? (Exclude traff ] No e:				
<u>Date</u>	<u>Place</u>	Nature of Violati	<u>ion</u>	I	<u>Disposition</u>
22. Have you ever b If yes, please provid	een refused a fidelity, s e:	surety, performance,	, or other bond?	[] Yes	[ ] No
Type of Bond	<u>Insurer or Bond</u>	<u>Date</u>	Rea	son(s) Given	
23. Do you know an which you may be a If yes, please explain		ld not be able to atte	nd fully to the d	uties of the c	ommittee to

#### **HISTORY OF SERVICE**

24. Have you ever been If yes, please provide:	elected to any public offi	ce in Florida? [] Yes	[ ] No
Office Title	<u>Date of Election</u>	Term of Office	Level of Government
	been appointed to any o	ffice that required confirm	nation by the Jacksonville City
<u>Title of Office</u>		1	<u>Cerm of Appointment</u>
26. Have you ever been [] Yes [] No If yes, please provide:	employed by any local go	overnmental agency in Jac	ksonville/Duval County?
Position	Employing Agency	<u>I</u>	Dates of Employment
27. If you served on an a scheduled meetings, ple	appointed board, commis ease provide:	ssion, council, or committe	ee, and missed and regularly
Number of Meetings Attended	<u>Number</u>	of Meetings Missed	Reason for Absence(s)



### POLICE AND FIRE PENSION FUND AUTHORITY FOR RELEASE OF INFORMATION

(Background Investigation Waiver)

APPLICANTS FULL NAME:	First	Middle	Last	Suffix
MAIDEN NAME, IF APPLICA				Sum
WAIDEN NAME, IF APPLICA	MBLE:			
RESIDENTIAL ADDRESS: _				
RACE:	SEX:			
I hereby authorize the release of Pursuant to Sections 943.13 information is required unlo refusal to disclose non-privi	3 (4), (5), and ( ess contrary to s	7) F.S., Chapter 20 state or federal law	01-94 Laws of Flor . Civil penalties ma	ida, disclosure o
Applicant's Signature		Dat	te	
		J:	SO use only:	
The following information will b BIRTH DATE: Month/Day/Y	•	H PLACE:		
		City	State	County
DRIVER LICENSE:			State	
Number			State	

### **CERTIFICATION / AFFIDAVIT**

STATE OF:	COUNTY OF:	
Before me, the undersigned Notary Public, p	ersonally appeared	who, after being
duly sworn, says: (1) that he/she has careful that the information is complete and true; (3 and accord, with full knowledge of the p constitutions of the United States and of the	ally and personally reviewed the arms) that he/she executed the foregoing urpose therefore, and (4) that he	nswers to the foregoing questions; (2) ng instrument of his/her own free will
Signature of the Applicant  Sworn and subscribed before me this	day of	, 20
Signature of Notary Public	Print, type, or stam	np commissioned name
[] Personally known		
OR		
[] Produced identification	Type of identificati	ion produced