

# JACKSONVILLE ETHICS COMMISSION Commission Member Appointment Application

The Jacksonville Ethics Commission is currently accepting applications for a vacancy on the Ethics Commission. The Ethics Commission has a long, distinguished history in the City of Jacksonville of ensuring transparent and open government for the citizens. Among its many outstanding accomplishments, the Ethics Commission has drafted and implemented the Jacksonville Ethics Code and successfully assisted in the establishment of an independent Office of Ethics, Compliance and Oversight that is primarily responsible for administering the Ethics Code.

Per Section 602.921 of the Jacksonville Ethics Code, the Ethics Commission has the following powers and duties:

- (a) Receive, and to investigate and issue findings with regard to any sworn written complaint alleging a violation of the Jacksonville Ethics Code or by a complaint initiated by a minimum vote of six members of the Commission alleging a violation of the Ethics Code.
- (b) Provide assistance and input into the management and coordination of the training and education of local officers and employees in state and local ethics laws, as well as all public records and sunshine law training throughout the government.
- (c) Upon employee or citizen complaint, or its own initiative, seek information and gather facts for the purpose of reviewing any circumstance or situation of which the Commission may become aware that appears to violate or may potentially violate an acceptable standard of ethics conduct for City officers and employees as delineated in Section 1.202(d) of the Charter.
- (d) Levy civil fines or penalties authorized in the Jacksonville Ethics Code for violations of the City's Ethics Code; and
- (e) Act as the hiring committee, subject to Council confirmation, for the executive director of the Ethics Oversight and Compliance Office.

The Ethics Commission is comprised of nine (9) members appointed by either designated City of Jacksonville governmental officials or the Ethics Commission. The Ethics Commission is responsible for selecting three (3) of the nine (9) Commission members. This application is for the selection of a new member by the Ethics Commission.

If you are interested in potentially being selected by the Ethics Commission to serve on the Commission, please complete the following application per the instructions below.

#### **Instructions for Submission of Application:**

This application form may be typed, hand written, or filled out online. However, all applications must be submitted in digital form in compliance with the instructions below. Applications that do not comply with the instructions below will not be considered by the Ethics Commission.

To properly submit your application, you must complete the following steps:

- Scan and e-mail completed, signed and notarized application and current RESUME to Kirby Oberdorfer, Deputy Director of the Office of Ethics, Compliance and Oversight, at <u>koberdorfer@coj.net</u> by no later than Tuesday, February 28, 2017 at 5:00 p.m.
- 2. Bring the original completed, signed and notarized application and copy of RESUME to your interview that will be scheduled during the Nominating Committee meeting on Thursday, March 2, 2017 at 4:00-6:00 p.m.

Please contact Ms. Oberdorfer per the information below if you have any questions regarding the application or the selection process.

Office of Ethics, Compliance and Oversight 117 W. Duval Street Suite 225
Jacksonville, FL 32202
Telephone: (904) 630-4747
koberdorfer@coj.net

The Application / Background Investigation Waiver must be notarized and accompany a current Resume.

#### APPLICATION FOR ETHICS COMMISSION APPOINTMENT

# Note: all data on this form will become public record and can be released; if you have a concern about this, please contact the Ethics Office

This form must be completed in full, signed, notarized and accompany a current resume.

1.	Board(s) of Int	terest: Jacksonville Eth	nics Commission (	Section 602, Par	rt 9, <i>Ordinai</i>	nce Code)	
2. How did you hear / learn about this appointment opportunity?							
			Personal Ir	nformation			
3.	Name:	r./Mr./Mrs./Ms. F	irst Middl	e/Maiden	Last		Suffix(Jr./Sr./III/etc
4.	Residence:	Street		City		County	Zip Code
		Post Office Box		City		County	Zip Code
		Telephone: (area code) nu	mber		Mobile: (a	area code) number	
5.	Business:	Business Name					
		Street		City		County	Zip Code
		Post Office Box		City		County	Zip Code
		Telephone: (area code) nu			FAX: (are	a code) number	
		ress do you prefer corre			n be sent?	Residence Email	Business
8.	Is your addres	ss exempt from Chapter	119, Florida Statute	es, regarding Pul	blic Records	s? 🗌 Yes	□No
	If yes, please	explain and please do n	ot list your address	on this form:			
9.	Your Gender:	☐ Male ☐ Femal	le				
10	Describe your 760.80, <i>Floria</i>	self within one or more of the statues.	of the categories be	low. This inform	ation is req	uested pursuant	to Section
	Caucasian African Ar Hispanic	merican	☐ Asian Am ☐ Native Ar ☐ Americar	merican		physically d	sabled
11.	. As of what da	te have you been a cont	inuous resident of:				
	P	A. Duval County?		B. Florid	la?		
		N	lonth/Day/Year			Month/Day/Year	

2. Ar	e you a U.S. Citizen?	☐ Yes	☐ No				
3. Ar	e you registered to vote in	n Florida?	□Yes	□No	If yes, County	of Registration	·
			I	Educati	on		
4. Hi	gh School: Name				City		State
5 Pc	ostsecondary Institutions:						
Na Na	me and Location			Dates Att	tended		Certificate/Degree Earned
			Е	mploym	nent		
6. Pr <b>el</b> a	ovide the requested information	mation for all				peginning with	the most current. Pleas
ela	aborate in your attached	mation for all				peginning with	the most current. Pleas
6. Pr <b>ela</b> A.	aborate in your attached	mation for all				peginning with	the most current. Pleas
ela	aborate in your attached	mation for all	employers	s within the	e last five years, t	peginning with	the most current. Please
ela	Employer  Type of Business	mation for all	employers	Address	e last five years, t	peginning with	
ela A.	Employer  Type of Business	mation for all	employers	Address	e last five years, t	peginning with	
ela A.	Employer  Type of Business	mation for all	employers	Address	e last five years, b	peginning with	
ela A. B.	Employer  Type of Business  Employer  Type of Business	mation for all	employers	Address  address  Address	e last five years, b	peginning with	Dates of Employment
ela A.	Employer  Type of Business  Employer  Type of Business	mation for all	employers	Address  address  Address	e last five years, b	peginning with	Dates of Employment

#### **Special Qualifications**

- 17. A. Three (3) of the nine (9) appointments to the Ethics Commission are required to be appointed by the Ethics Commission. The only qualification is that the Ethics Commission appointee has been a registered voter in Duval County for six (6) months prior to introduction of his/her nomination for confirmation. This is the position for which the Ethics Commission is currently soliciting applications.
  - B. The other six (6) of the nine (9) appointments to the Ethics Commission are required to be **appointed by each of the following City of Jacksonville governmental officials** (one for each): the Mayor, the President of the Council, the Sheriff, the Chief Judge for the Fourth Judicial Circuit, the State Attorney for the Fourth Judicial Circuit, and the Public Defender for the Fourth Judicial Circuit. Each of the Ethics Commission members appointed by the designated City of Jacksonville governmental officials are required to have one or more of the following qualifications: (1) an attorney; (2) a certified public accountant with forensic audit experience; (3) a former elected official; (4) a former judge; (5) a higher education faculty member or former faculty member with experience in ethics; (6) a former law enforcement official with experience in investigating public corruption; (7) a corporate official with a background in

human resources or ethics; (8) a former board member of a City of Jacksonville independent authority; or a (9) former government executive with ethics experience.

In the event you are not selected by the Ethics Commission for appointment to the Commission, your application will be kept on file with the Office of Ethics, Compliance and Oversight for possible consideration by the designated City of Jacksonville governmental officials for their respective Ethics Commission appointments.

C. Please select which of the following qualifications are applicable to you, and describe. If you qualify for

more than one, please check all ap	oplicable qualification	s:	
attorney CPA with forensic audit exper former elected official (what/w former judge higher education faculty mem higher education faculty, form former law enforcement with e corporate HR or ethics experie former Board member of a CO former government executive registered voter of Duval Coul	when) ber her, with ethics experience in investigence by Independent Autho with ethics experience https://www.nee.com/restance/re	ating public corruption rity se ior to the introduction of nomin	nation for confirmation
List any other special qualifications y any type of licensure or certification y belong. Please elaborate in your a	you hold, as well as an		
Type or Name of License or Certificate	Number	Granting Agency	<u>Date Granted</u>
Name of Civic, Professional or Political Organ	nization	Office(s) Held	Membership Date
3. Give any additional information you be claborate in your attached resume			nmission. <b>Please</b>

### **Ethical Disclosure**

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?								
	Agency Lobbied		Principal(s) Represented		<u>Dates</u>				
20.	Has probable cause ever been found that you were in violation of:  A. Part III, Chapter 112, Florida Statutes, the Code of Ethics for Public Officers and Employees?  B. Chapter 602, Jacksonville Municipal Code, the Jacksonville Ethics Code?  Yes No If yes to either above, please provide:								
	<u>Date</u>	Nature of Viol	<u>ation</u>		<u>Disposition</u>				
21.	Have you ever b		ny public office or appointment? [	□ Yes □ No	0				
	Title of Office	Date of Suspension	Reason for Suspension		Result (Reinstated/Removed)				
22.		clude traffic violations fo	or indicted for violation of any fede or which a fine of \$150 or less was						
	<u>Date</u>	<u>Place</u>	Nature of Violation		<u>Disposition</u>				
23.	•	•	surety, performance, or other bond	?	No				
	If yes, please pr	OVIDE:  Insurer or Bond	<u>Date</u>		Reason(s) Given				
24.	Do you know an may be appointe If yes, please ex	ed?	d not be able to attend fully to the o	duties of the office	e or position to which you				

## **History of Service**

25.	Have you ever been elected to any public office in Florida?							
	Office Title	Date of Election	Term of Office	Level of Government				
	Have you previously beer Yes No If yes, please provide:	n appointed to any office that requ	uired confirmation by the	e Jacksonville City Council?				
	<u>Title of Office</u>		<u>Term</u>	of Appointment				
27.	Have you ever been emp If yes, please provide:	loyed by any local governmental	agency in Jacksonville/	Duval County?  Yes  No				
	Position	Employing Agen	су	<u>Dates of Employment</u>				
28.	If you served on an appoi meetings, please provide	inted board, commission, council,	or committee, and miss	sed any regularly scheduled				
	Number of Meetings Attended	Number of Meetings Misse	<u>d</u> <u>Reas</u>	on for Absence(s)				

## **AUTHORITY FOR RELEASE OF INFORMATION**

(Background Investigation Waiver)

APPLICANT'S FULL NAME: _					
	First	Middle	Last	t	Suffix(Jr./Sr./III/etc.)
MAIDEN NAME, IF APPLICAE	BLE:				
RESIDENTIAL ADDRESS:					
RACE:	SE	EX:			
I hereby authorize the release of Sections 943.13 (4), (5), and (7) to state or federal law. Civil per	, F.S., Chapte	er 2001-94, Laws of Florid	a, disclosure of i	nformation is re	equired unless contrary
Applicant's Sig	gnature			Date	
			JSO use or	nly:	
The following information will b	e deleted fro	om public records:			
BIRTH DATE: Month/Day/Y	/ear	BIRTH PLACE:	<del>,</del>	State	Country
DRIVER LICENSE:					•
Number			State		
SOCIAL SECUDITY NUMBER	).				

### **CERTIFICATION / AFFIDAVIT**

STATE OF	COUNTY OF	
after being duly sworn, says: (1) that he/she questions; (2) that the information is complete an	nally appearednas carefully and personally reviewed the answers to the fored true; (3) that he/she executed the foregoing instrument of his/he purpose therefore, and (4) that he/she will, as appointee, upho of Florida.	egoing er owr
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 Produ	ced Identification  Type of identification produced	