



**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/Maiden Last Suffix

Nickname/Preferred Name

2. Residence: _____
Street City County Zip Code

Post Office Box City County Zip Code

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

3. Business: _____
Business Name

Street City County Zip Code

Post Office Box City County Zip Code

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

4. Email: _____

5. To which address do you prefer correspondence regarding this application be sent?

Residence Business

6. Is your address exempt from Chapter 119, *Florida Statutes*, regarding Public Records?

Yes No

If yes, please explain: _____

7. Your Gender: Male Female

8. Describe yourself within one or more of the categories below. This information is requested pursuant to Section 760.80, *Florida Statutes*.

Caucasian "Asian American" "physically disabled"
 "African American" "Native American"
 "Hispanic American" "American Woman"

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

A. Duval County? _____
Month/Day/Year

B. Florida? _____
Month/Day/Year

10. Are you a U.S. Citizen? [] Yes [] No

11. Are you registered to vote in Florida? [] Yes [] No If yes, County of Registration: _____

EDUCATION

12. High School: _____
Name City State

13. Postsecondary Institutions:
Name and Location Dates Attended Certificate/Degree Earned

EMPLOYMENT

14. 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

15. List any special qualifications you think are relevant to your being appointed to the committee, including any type of licensure or certification you hold, as well as any civic, professional, or political organization to which you belong.

| <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>Offices Held</u> | <u>Membership Dates</u> |
|--|---------------------|-------------------------|
| | | |
| | | |
| | | |

16. Give any additional information you believe is relevant to your appointment to the committee.

ETHICAL DISCLOSURE

17. As required by Board Rule, do you agree to file financial disclosure statements? Yes No

18. 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 expense? Yes No

| <u>Agency Lobbied</u> | <u>Principal(s) Represented</u> | <u>Dates</u> |
|-----------------------|---------------------------------|--------------|
| | | |
| | | |
| | | |

19. 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> |
|-------------|----------------------------|--------------------|
|-------------|----------------------------|--------------------|

20. 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> |
|------------------------|---------------------------|------------------------------|------------------------------------|
|------------------------|---------------------------|------------------------------|------------------------------------|

21. 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> |
|-------------|--------------|----------------------------|--------------------|
|-------------|--------------|----------------------------|--------------------|

22. 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> |
|---------------------|------------------------|-------------|------------------------|
|---------------------|------------------------|-------------|------------------------|

23. Do you know any reason why you would not be able to attend fully to the duties of the committee to which you may be appointed? Yes No

If yes, please explain:

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