



**Application  
Board of Commissioners**

**Please type or use black ink.**

1. Board of Interest: \_\_\_\_\_
2. Current Employer and Occupation: \_\_\_\_\_
3. Are you applying for reappointment:    Yes         No
4. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Board.

\_\_\_\_\_  
Applicant's Name (Please print)  
(Including name commonly used)

# QUESTIONNAIRE FOR COMMISSION APPOINTMENTS

The information from this questionnaire will be used by Estero Fire Rescue in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

\_\_\_\_\_

Date Completed

1. Name: \_\_\_\_\_

MR./MRS./MS.                      LAST                      FIRST                      MIDDLE/MAIDEN

2. Business Address: \_\_\_\_\_

STREET                      OFFICE #                      CITY

POST OFFICE BOX                      STATE                      ZIP CODE                      AREA CODE/PHONE NUMBER

3. Residence Address: \_\_\_\_\_

STREET                      CITY                      COUNTY

POST OFFICE BOX                      STATE                      ZIP CODE                      AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business       Residence       Fax # \_\_\_\_\_

(optional)

4. A. List all your places of residence for the last five (5) years.

ADDRESS                      CITY & STATE                      FROM                      TO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

ADDRESS                      CITY & STATE                      FROM                      TO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

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9. Are you a United States citizen? Yes  No  If "No" explain:

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If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? \_\_\_\_\_

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of registration: \_\_\_\_\_

12. Education

A. High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

NAME & LOCATION

DATES ATTENDED

CERTIFICATES/DEGREES RECEIVED

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13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of service: \_\_\_\_\_

B. Branch or component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.)

If "Yes" give details:

DATE

PLACE

NATURE

DISPOSITION

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15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME & ADDRESS                      TYPE OF BUSINESS                      OCCUPATION/JOB TITLE                      PERIOD OF EMPLOYMENT

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16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

POSITION    EMPLOYING AGENCY    PERIOD OF EMPLOYMENT

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17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

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B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

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C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

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D. Identify all association memberships and association offices held by you that relate to this appointment:

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18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

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19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE                      DATE OF ELECTION OR APPOINTMENT                      TERM OF OFFICE                      LEVEL OF GOVERNMENT

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B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled?: \_\_\_\_\_

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED                      MEETINGS MISSED                      REASON FOR ABSENCE

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20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

DATE                      NATURE OF VIOLATION                      DISPOSITION

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21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

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24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No

If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>LICENSE/CERTIFICATE</u> <u>TITLE &amp; NUMBER</u>	<u>ORIGINAL</u> <u>ISSUE DATE</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION/DATE</u>
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25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>YOUR RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP TO AGENCY</u>
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B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP</u> <u>TO AGENCY</u>
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26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

<u>AGENCY LOBBIED</u>	<u>PRINCIPAL REPRESENTED</u>
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27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE/PHONE NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>OFFICE(S) HELD &amp; TERM</u>	<u>DATE(S) OF MEMBERSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

# CERTIFICATION

## STATE OF FLORIDA, COUNTY OF LEE

Before me, the undersigned Notary Public of Florida, personally appeared \_\_\_\_\_, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

\_\_\_\_\_  
Signature of Applicant-Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public-State of Florida

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known  **OR** Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)