



Florida Department of Health

Appointment Questionnaire

Boards and Councils of Interest

Board/Council Name	Position Applied	Applying for Reappointment?

General

Title:	Email Address:
First Name:	Cell Phone:
Last Name:	FAX Number:
Middle/Maiden Name:	

Addresses

Specify the preferred mailing address:

Address Line 1:	ZIP Code:
Address Line 2:	County:
City:	Phone Number:
State:	

Personal Information

Have you ever used or been known by any other legal name? **If "Yes" list:**

Are you a U.S. Citizen? **If "No", please explain:**

If you are a naturalized citizen, date of naturalization:

Since what year have you been a continuous resident of Florida?

The following information will be used to ensure compliance with [section 760.80, Florida Statutes](#), and is not requested for the purpose of discriminating on any basis.

Date of Birth:	
----------------	--

Experience

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

Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? **If "Yes" list:**

Have you received any awards or recognitions relating to the subject matter of this appointment? **If "Yes" list:**

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

Education, Licenses, and Certifications

High School:

Graduation Date:

List all postsecondary educational institutions attended:

Name & Location	Start Date	End Date	Certificates / Degrees Received

Have you held or do you hold an occupational or professional license or certificate in the State of Florida? **If "Yes" list:**

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:

License / Certificate Title & Number	Original Issue Date	Issuing Authority	Disciplinary Action

Employment

Are you or have you ever been a member of the armed forces of the United States? **If "Yes" list:**

A. Date of Service:	B. Branch or Component:
C. Discharge Date:	D. Discharge Type:

Concerning your current employer and for all your employment during the last ten 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	Start Date	End Date

Violations

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" list:**

Date	Place	Nature	Disposition

Has probable cause ever been found that you were in violation of the [Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.](#)? **If "Yes" list:**

Date	Nature of Violation	Disposition

Disclosures

If required by law or administrative rule, will you file financial disclosure statements?

YES NO

Have you, or businesses of which you have been an 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? **If "Yes" list:**

Name of Business	Your Relationship to Business	Business Relationship to Agency

Are you now, or in the past three years have you 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? **If "Yes" list:**

I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Florida Department of Health. I agree to these conditions, and under the penalties of perjury I declare that I have read the foregoing application and that the facts stated in it are true, correct, and complete to the best of my knowledge and belief.

Signature: _____

Date: _____

As a general matter, applications for all positions within state Government are public records, which may be viewed by anyone upon request. However, there are some exemptions from the public records law for identifying information relating to past and present law enforcement officers and their families, victims of certain crimes, etc. If you believe an exemption from the public records law applies to portions of your application, please contact the Office of the Attorney General at the below address:

**Office of the Attorney General
PL-01, The Capital
Tallahassee, Florida 32399**