



FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

INSTRUCTIONS

Congratulations on your appointment. We appreciate your service to our great State of Florida. To begin the Senate's confirmation process, please complete the enclosed Senate Questionnaire, which contains three components:

- 1) Personal Information;
- 2) A request for exemption from public records; and
- 3) A Certification page that must be notarized.

When you have completed the Senate Questionnaire, attach a copy of your Appointments Questionnaire you previously submitted to the Office of Gubernatorial Appointments. If the Appointments Questionnaire you submitted to the Governor's Office is no longer current or you have yet to fill one out, please see the attached questionnaire or visit <https://flgov.com/eog/sites/default/files/documents/Gubernatorial-Appointments-Questionnaire-CACH.pdf> to access and download it.

Once you have 1) completed the Senate Questionnaire, 2) attached the Appointments Questionnaire, and 3) executed the Oath of Office, please submit the documents to the Department of State, Division of Elections:

Division of Elections
R.A. Gray Building
500 South Bronough Street, Room 316
Tallahassee, Florida 32399-0250

If you have any questions or concerns, please feel free to contact the Senate Committee on Ethics and Elections at executiveappointments@flsenate.gov or (850) 487-5828. Thank you for your commitment to the State and the people of Florida.



FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

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PERSONAL INFORMATION

The information from this questionnaire will be used by the Florida Senate 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 blue or 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 _____

4. Fax # (optional) _____ Email Address: _____

5. Date of Birth: _____ Place of Birth: _____

6. Social Security Number: _____

7. Driver License Number: _____ Issuing State: _____

8. Have you ever been known by any other legal name? Yes _____ No _____ If “Yes” explain:

9. Are you a United States citizen? Yes _____ No _____ If “No” explain:

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: _____ B. Current Party Affiliation: _____

12. Are you an officer, director, or administrator of a Florida state, county, or regional professional or occupational organization or association that relates to your profession or occupation or the board to which you have been appointed? If “Yes” explain:

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

Yes _____ No _____

FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

PUBLIC RECORDS EXEMPTION REQUEST

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 certain personal identifying information. If an exemption from the public records law applies to your submission, please check the appropriate boxes below.

I attest that I am an individual covered under Section 119.071, F.S., as (check the appropriate item (only one)):

- | | | |
|--|----|---|
| <input type="checkbox"/> current | or | <input type="checkbox"/> former |
| <input type="checkbox"/> spouse of a current | or | <input type="checkbox"/> spouse of a former |
| <input type="checkbox"/> child of a current | or | <input type="checkbox"/> child of a former |

and I hereby request the exemption (check applicable exemption category):

- ☐ Addiction treatment facility (licensed pursuant to ch. 397, F.S.) director, manager, supervisor, nurse, or clinical employee (s. 119.071(4)(d)2.s.)
- ☐ Child advocacy center (meeting the standards set forth in ch. 39, F.S.) director, manager, supervisor, or clinical employee; or member of a Child Protection Team as set forth in s. 39.303, F.S. (s. 119.071(4)(d)2.t.)
- ☐ Clerk of circuit court, deputy clerk of circuit court, or clerk of circuit court personnel (s. 119.071(4)(d)2.y.)
- ☐ Code enforcement officer (s. 119.071(4)(d)2.i.)
- ☐ County attorney, assistant county attorney, deputy county attorney, city attorney, assistant city attorney, or deputy city attorney (s. 119.071(4)(d)2.w.)
- ☐ County tax collector (s. 119.071(4)(d)2.n.)
- ☐ Dept. of Agriculture and Consumer Services inspector or investigator (s. 119.071(4)(d)2.v.)
- ☐ Dept. of Business and Professional Regulation investigator or inspector (s. 119.071(4)(d)2.m.)
- ☐ Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities (s. 119.071(4)(d)2.a.)
- ☐ Dept. of Financial Services investigative personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.b.)
- ☐ Dept. of Health personnel whose duties support the investigations of child abuse or neglect, determination of benefits, or the investigation, inspection, or prosecution of health care practitioners (s. 119.071(4)(d)2.a.)
- ☐ Dept. of Health personnel whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Dept. of Health (s. 119.071(4)(d)2.o.)
- ☐ Dept. of Juvenile Justice juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, senior juvenile detention officer, juvenile detention officer supervisor, juvenile detention officer, house parent I or II, house parent supervisor, group treatment leader, group treatment leader supervisor, rehabilitation therapist, or social services counselor (s. 119.071(4)(d)2.k.)

List continued on next page.

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PUBLIC RECORDS EXEMPTION REQUEST

List continued from previous page.

- ☐ Dept. of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement. (s. 119.071(4)(d)2.a.)
- ☐ Domestic violence centers (certified under ch. 39, F.S.) staff or domestic violence advocate as defined in s. 90.5036(1)(b), F.S. (s. 119.071(4)(d)2.u.)
- ☐ Emergency medical technician or paramedic certified under ch. 401, F.S. (s. 119.071(4)(d)2.q.)
- ☐ Firefighter certified in compliance with s. 633.408, F.S. (s. 119.071(4)(d)2.d.)
- ☐ Florida Gaming Control Commission member (s. 119.071(4)(d)2.x.)
- ☐ Guardian ad litem (s. 119.071(4)(d)2.j.)
- ☐ Human resource, labor relations, or employee relations director, or assistant director, manager, or assistant manager of any local government agency or water management district with personnel-related duties (s. 119.071(4)(d)2.h.)
- ☐ Impaired practitioner consultant whose duties result in a determination of a person's skill and safety to practice a licensed profession (s. 119.071(4)(d)2.p.)
- ☐ Inspector general employee or internal audit department employee whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline (s. 119.071(4)(d)2.r.)
- ☐ Judge (district court of appeal, circuit court or county court, or justice of the Florida Supreme Court (s. 119.071(4)(d)2.e.)
- ☐ Judicial assistant (s. 119.071(4)(d)2.e.)
- ☐ Judicial or quasi-judicial officer (general or special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, or child support enforcement hearing officer) (s. 119.071(4)(d)2.g.)
- ☐ Law enforcement personnel, including correctional officers and correctional probation officers (s. 119.071(4)(d)2.a.)
- ☐ Office of Financial Regulation, Bureau of Financial Investigations, investigative personnel whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.c.)
- ☐ Person employed by the U.S. Department of Defense who is authorized to access information that is deemed "secret" or "top secret" by the Federal Government or who is a servicemember of a special operations force (s. 119.071(5).k.)
- ☐ Prosecutor (state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor) (s. 119.071(4)(d)2.f.)
- ☐ Public defender or criminal conflict and civil regional counsel (includes assistant public defenders and assistant criminal conflict and civil regional counsel) (s. 119.071(4)(d)2.l.)
- ☐ U.S. attorney or assistant attorney, U.S. appellate judge, U.S. district court judge, or U.S. magistrate (s. 119.071(5).i.)
- ☐ Victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence (s.119.071(2).j.)
- ☐ Other (list applicable statute):_____

FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

CERTIFICATION

STATE OF FLORIDA

COUNTY OF _____

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 and any submitted addendums to the Senate 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

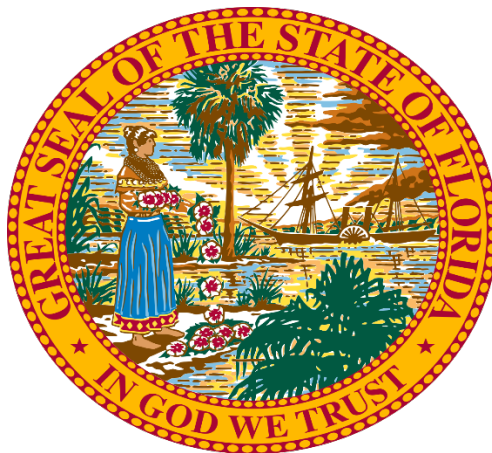
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: _____

Personally Known _____ **OR** Produced Identification _____

Type of Identification Produced: _____

(seal)



Date Completed:

EXECUTIVE OFFICE OF GOVERNOR RON DESANTIS
Office of Gubernatorial Appointments
Appointments Questionnaire

On behalf of Governor DeSantis, thank you for your interest in serving the state of Florida. This file **must** be downloaded to your computer before being filled out. There is no save feature included with the online version of this form. Any information entered to the online version of this form will be lost when downloaded. After the .pdf is downloaded and filled out, it can be saved to your computer for upload and to retain a copy for your records. If the board application page is not working, this questionnaire can be submitted via the email address below.

appointments@eog.myflorida.com

The information from this questionnaire will be used by the Governor's office and, where applicable, the Florida Senate 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 or blue ink

Please be mindful that Florida has a very broad public records law and applications that are submitted for appointment may be subject to review by the public in accordance with Art. 1, s. 24 of the Florida Constitution. Additionally, some positions that are appointed by the Governor may require you to complete a financial disclosure form if appointed. Please contact the Florida Commission on Ethics if you have any questions regarding financial disclosure at (850) 488-7864.

PERSONAL INFORMATION

1. Salutation: _____ First: _____ Middle: _____ Last: _____

2. Marital Status: _____ Spouse information, if applicable: First: _____ Last: _____

3. Have you ever been known by any other legal name? Yes No

If "yes", explain.

4. Please list all of your places of residence for the last ten (10) years from most current to previous.

Address

City, State, & Zip Code

Dates: From/To

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

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

Address

City, State, & Zip Code

Dates: From/To

EDUCATION

Type of School	Name and Location of School	Year Graduated	Field of Study
High School			
Undergraduate			
Graduate			
Other			

**If you have additional education that you would like to include, please attach additional pages at the end of this document.*

EMPLOYMENT

1. Are you retired? Yes No

2. Please list your current employer and job title. If retired, please provide your most recent employer and job title. Current Employer _____ Job Title _____

3. Please list any employers and job titles held within the past ten (10) years from most current to previous.

Employer

Job Title

Dates: From/To

4. Have you ever been employed by any state, district, or local government agency in Florida that were not listed above? Yes No

If "yes", list:

Name of Employing Agency

Position

Period(s) of Employment

5. Have you ever been asked to resign or been terminated from any form of employment? Yes No

If "yes", explain. _____

6. Have you ever been the object of any administrative or civil action based upon discrimination in the workplace? Yes No

If "yes", explain and indicate the disposition of the administrative or civil action.

7. Are you or have you ever been a member of the Armed Forces of the United States? Yes No

Did you serve in combat? Yes No Branch and Component _____

Dates of Service _____ Date and Type of Discharge _____

PUBLIC SERVICE

1. Have you ever been elected to any public office in this state? Yes No

If "yes", list:

Title(s) of Office	Date of Election(s)	Term of Office(s)	Level of Government

2. Have you ever been a candidate for any public office in this state? Yes No

If "yes", list:

Title(s) of Office	Date(s) of Candidacy	Election Results

3. Have you ever been appointed to any public office in this state? Yes No

If "yes", list:

Title(s) of Office	Date(s) of Appointment	Term of Office(s)	Level of Government

If you have been appointed to any public office, answer the following:

Number of meetings held during your tenure on the board _____

Number of meetings you attended _____

Number of meetings you missed _____

Reason(s) for your absence _____

4. Have any members of your immediate family (spouse, child, parent(s), sibling(s)) been appointed to serve as a Gubernatorial appointee in the state of Florida? Yes No

If "yes", list:

Name of Appointee	Relation to You	Date of Appointment	Title(s) of Office

5. Have you ever been appointed to any office that required confirmation by the Florida Senate?

Yes No

If "yes", list:

Title(s) of Office	Term(s) of Appointment	Confirmation Result

6. Have you ever resigned from any position, elected or appointed? Yes No

If "yes", list:

Title(s) of Office	Date(s) of Resignation	Reason for Resignation

7. Have you ever been suspended by the Governor of the state of Florida or any Governor from any position, elected or appointed? Yes No

If "yes", list:

Title(s) of Office	Date(s) of Suspension	Reason for Suspension

ETHICAL DISCLOSURE

1. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? This would include any time you have ever been convicted, entered a guilty plea of nolo contendere for any criminal violation (exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes No

If "yes", explain. _____

2. If you have ever been convicted of a crime and that record is sealed or expunged, select one of the following: **Sealed** **Expunged** **Not Applicable**

3. Are you currently facing investigation, charges, or indictment for any violation of law? Yes No

If "yes", explain. _____

4. Have you ever been a party or involved in any civil or criminal legal proceedings? Yes No

If "yes", explain (Do not include any information where no allegations of wrongdoing were alleged against you).

5. Are you the plaintiff or defendant in any action pending before any judicial or administrative tribunal?

Yes No

If "yes", explain. _____

6. Have you ever been refused a fidelity, surety, performance, or other bond? Yes No

If "yes", explain. _____

7. In the last five years, has any business in which you, a spouse, a relative, or a business associate been a party to any administrative agency proceeding or civil litigation relevant to the position in which you wish to be appointed to? Yes No

If "yes", explain. _____

8. 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.? Yes No

If "yes", list:

Date(s) of Violation	Nature of Violation(s)	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Have you, or any business 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 government agency in Florida, including the office or agency to which you have been appointed to or are seeking appointment?

Yes No

If "yes", explain.

Name of the Business	Your Relationship to the Business	Business Relationship to the Agency

10. Have members of your immediate family (spouse, child, parent(s), sibling(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 agency to which you have been appointed or are seeking appointment? Yes No

If "yes", explain.

Name of the Business	Relationship to you	Their Relationship to Business	Business Relationship to the Agency

11. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the last five (5) years? Yes No

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

If "yes", explain.

Name of the Agency Lobbied	Principal(s) you represented

12. Dual Office Holding? Yes No

Article II, section 5(a) of the Florida Constitution prohibits any person from holding more than one office under the government of the state, counties, and municipalities at the same time, except for certain exclusions stated therein (notary public, military officer, member of a statutory body having only advisory powers, etc.).

13. Are there any other possible conflicts of interest or perceived conflicts of interest that could hinder your ability to serve as a Gubernatorial appointee? Yes No

If "yes", explain. _____

EXPERIENCE AND INTERESTS

1. Please state your experiences and interests or elements of your personal history that qualify you for appointment to this board. _____

2. Please list any awards or recognitions that you have received within the past ten (10) years.

3. Describe your understanding of the role of a member on the board that you are applying to be considered for. _____

4. Please explain why you want to serve as a Gubernatorial appointee and share anything else that you think may be helpful. _____

5. Have you held or do you hold an occupational or professional license or certificate in the state of Florida?

Yes No

If "yes", list:

Type of License/Certification	Original Issue Date	Issuing Authority	License Number
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6. Have you ever had any disciplinary action taken against a license or certification issued to you, including a fine, probation, revocation, or disbarment? Yes No

If "yes", explain. _____

7. Please identify all association memberships and offices (including any business, professional, occupation, civil, fraternal organizations, or any profit or not-for-profit board) that you currently hold or have held in the past ten (10) years including volunteer positions.

Name of Association	Role in the Association	Dates of your Membership
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8. List three people who have known you well within the past five (5) years. Please exclude relatives:

Name	Organization	Relation to you	Phone Number and Email Address
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9. Did someone refer you to apply to be considered for appointment to this board? Yes No

If "yes", list their name. _____

CERTIFICATION AND SIGNATURE

1. Do you know of any reason why you would not be able to attend fully to the duties of the office or position to which you have been or could be appointed? Yes No

If "yes", explain. _____

2. If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws.

Initial here. _____

3. If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. Initial here. _____

4. 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 Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief. Initial here. _____

5. By checking this box and typing my name below, I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/First _____ Middle _____ Last _____ Suffix _____

Please save this document to upload with your board application.

If you have any questions, please call (850) 717-9243 or email

appointments@eog.myflorida.com

If you need more space, add additional pages at the end of the document.