

Application for Gubernatorial Appointment to the Judicial Nominating Commission

The information from this questionnaire will be used by used by the Governor's Office. The application must be completed *in full*. Answer "none" or "not applicable" where appropriate. Please note this is a public record under Chapter 119, Florida Statutes.

		Date:		
Name:				
Mr./Mrs./Ms./Dr.	First	Last		Middle/Maiden
elect all Judicial Nomi	nating Commissi	ions for which	you are a	applying:
Supreme Court	District Court o	of Appeal	Circui	it Court
Residence:				
City	County	Circuit		DCA
Are you applying for re	eappointment?	Yes	No	
Mobile telephone num	ber:			
Email address:				
Commissioners are sul	oject to the Floric	la Financial Di	sclosure	Laws. Are you
willing to file the appr	opriate form, if a	ppointed?	Yes	No
(Form 1 can be viewed at F required <u>after</u> appointment		on Ethics (http://w	ww.ethics	s.state.fl.us/), and is or
Vhat is your preferred	mailing address?	Reside	nce	Business

Section 1 - General Information

1. Name:	Last name:	First name: _		Middle name:
2. Gender:	Male	Female	Age:	
3. Current a	address:			
4. Please list	all of your places of	residence for the last	ten years:	
Address		City & State		Dates: From/To
5. Since what	t year have you been	a continuous residen	t of Florida:	
				maintained at any time during
Address		City & State		Dates: From/To
7. Are you a	registered voter?	Yes No	County of	registration
8. Have you s	erved on a Judicial l	Nominating Commiss	ion before? If	yes, specify years and which JNC

Section 2: Education & Background

9. Education: Please list all schools attended and degrees received.					
		School Name and Locatio	n Dates	Degree Received	
High	School				
Colle	ge				
Post	College				
Post	College				
Othe	r				
10. A	re you or have you o	ever been a member of the	armed forces of the U	Jnited States?	
Yes	No	If yes, list:			
Dates	of service:				
Branc	ch or component:				
Date	and type of discharg	ge:			
muni	•			y federal, state, county, or which a fine or civil penalty of	
Yes	No	If yes, give details:			
Date	Plac	ce	Nature	Disposition	
	-	ver been found that you w ics for Public Officers and		rt II, Chapter 112, Florida lease list below:	
Date		Nature of Violation(s)		Disposition	

Section 3: Employment

13. Current employer:				
14. Field of business:				
15. Business address:				
16. Previous employme	ent: Pleas	se list your employment	during the last ten	(10) years.
Employer's Name & Lo	cation	Type of Business	Title	Time Period
				state? If yes, please list:
18. Have you ever been	employed	by any state, district, o	r local government	tal agency in Florida?
	Yes	No		
If "Yes", identify the pos	sition(s), th	e name(s) of the employ	ing agency, and the	e period(s) of employment:
Position		Employing Agency		Period of Employment

any foreign government?	Yes	No		
f "Yes", please list:	2 00	110		
				
20. Have you ever been elect	ed or appoint	ed to any public offic	e in this state? Yes	No
f "Yes", state the office title, o whether you were elected or a			city, county, district, state	e, federal), and
Office Title Dates in	n Office	Level of Government	Election or Appo	intment
21. If your service was on an	appointed bo	pard(s), committee(s)	, or council(s):	
1.) How frequently we	re meetings so	cheduled:		
2.) If you missed any o attended, the number		•	state the number of meeti our absence(s).	ings you
Meetings Attended		Meetings Missed	Reason for Abs	ence
	_			
Section 4: Adverse Profe	ssional Acti	ons		
10 H	andad fram a	ny office by the Cover	nor of the State of Flori	da?

Yes

No

Title of	Office:		Reason for Suspe	Reason for Suspension:		
Date of Suspension:			Result: Reinstated	l Removed	Resigned	
23. Hav	e you previously be	en appointed	to any office that required	confirmation by	the Florida	
Senate?	Yes	No	If "Yes", list:			
1.) Title	of Office:					
2.) Term	of Appointment: _					
3.) Conf	irmation Result: _					
						
ection	n 5: Possible C	onflicts of	Interest			
4. Have	you, or businesses	of which you	have been an owner, officer	r, or employee, he	eld any contractu	
	•	•	our (4) years with any state o	- ·	•	
			which you have been appoi			
Yes	No	If "Yes", ex	plain:			
N	Jame of Business	Your	Relationship to Business	Business Relation	onship to Agency	
			-			

25. Have members of yowhich members of your		• •	-		•	
contractual or other direct		-				-
agency in Florida, includ	ling the offic	ce or agency t	o which you	ı have been ap	ppointed or	are seeking
appointment?	Yes	No				
Name of Business	Your I	Relationship to	Business	Business Re	lationship to	Agency
26. Have you ever been a 1	registered lol	bbvist or have	vou lobbied	at any level of	government	at anv
time during the past five (•	·	•	ut ully 10 vol 01	80 (0111110111	ut uiiy
		Yes	No			
1.) Did you receive any con	•			•	Yes	No
2.) Name of agency or enti	ty you lobbie	d and the prin	cipal(s) you 1	epresented:		
Agency Lob	obied			Principal Rep	resented	
<i>5</i>				1 1		
27. Are there any possible appointee?	e conflicts of	interest that c	ould affect y	our ability to	serve as a gul	pernatorial

1.) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws
2.) 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
Section 6 - References and Experience
29. State your experience and interests or elements of your personal history that qualify you for this appointment:

28. If you agree, please type or write your initials for each of the following statements:

Name	Role	Dates of Membership
. Do you know of any rea ominating Commission		•
"Yes", explain:	Yes	No
	have known you well within the past Include a current telephone number	
	Include a current telephone number	
ke to serve as a reference.	Include a current telephone number	r.
ke to serve as a reference.	Include a current telephone number	r.
ke to serve as a reference.	Include a current telephone number	r.
ke to serve as a reference.	Include a current telephone number	r.
ke to serve as a reference. Name 3. In the following space,	Organization/Job Title please explain why you want to serve	Phone Number e on a Judicial Nominating
Name Name	Organization/Job Title	Phone Number e on a Judicial Nominating
Name Name 8. In the following space,	Organization/Job Title please explain why you want to serve	Phone Number e on a Judicial Nominating
Name Name 3. In the following space,	Organization/Job Title please explain why you want to serve	Phone Number e on a Judicial Nominating

Section 7: Certification and Signature

- 34. 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.
- 35. 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 name	Middle Initial	Last Name	Suffix

Please save this document and email your application to JNCApplication@eog.myflorida.com

If you have any questions, please call (850) 717-9205 or email Judicial@eog.myflorida.com