

Bonita Springs Fire Control & Rescue District

Application for Board Appointments

			App	licant	Information		
Full Name:							Date:
	Last		Firs	st .		M.I.	
Business Address:	Street Add	draga					
Address.	Sifeet Aut	uress					
	City					State	ZIP Code
	Oity					Olale	Zii Gode
Residence Address:	Street Add	dress					
	City					State	ZIP Code
Specify the	preferred n	nailing address: Busin	ess 🗌	OR Re	esidence 🗌		
Phone:					Email:		
Date of Birth: Place of Birth:							
Social Security No.:							
Driver's License No.:				Issuing State:			
Have you ev	ver used or	been known by any	YES	NO			
other legal r		boon whom by any			If yes, explain:		
			YES	МО			
Are you a citizen of the United States? If no, explain:							
	lf	you are a naturalized	citizen,	date o	of naturalization:		
Since what year have you been a continuous resident of Florida?:							
Aro vou o ro	aistored El	orida voter?:	YES	NO	If yes, list:		
Ale you a le	gisiereu Fi	County of		ration:			
		Current pa	artv affi	liation:			

		Educa	ation				
High School:							
-	T	Did on one doctor	YES	NO			
From:	To:			Ш			
List all post-seco	educational	institutions attended belov	N:				
Institution:							
From:	To:	Did you graduate?	YES	NO	Degree:		
Institution:							
From:	To:	Did you graduate?	YES	NO	Degree:		
		Refere	nces				
		vn you well within the pa nce. Exclude relatives.	st five	(5) year	s. Include currer	nt complete ad	ldress and
Full Name:					Relationsh	ip:	
Company:					Phor	ne:	
Address:							
Full Name:					Relationsh	ip:	
Company:					Phor	ne:	
Address:							
Full Name:					Relationsh	ip:	
Company:					Phor	ne:	
Address:							
		Military	Servic	е			
Branch:					From:	To:	
Rank at Discharge: Type of Discharge:							
If other than honorable, explain:							
		Related Q	uestic	ons			
 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 YES NO fine or civil penalty of \$150 or less was paid)							

2.	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, include current telephone number for each business.							
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3.	Have you ever been employed by any state, district, or local governmental agency in Florida? If yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment, include current telephone number:	YES	NO					
4.	State your experiences and interests or elements of your personal and professional history appointment.	that qualify yo	ou for this					
5.	Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment? If yes, list:	YES	NO					
6.	Have you received any awards or recognitions relating to the subject matter of this appointment? If yes, list:	YES	NO					
7.	Identify all association memberships and association offices held by you that relate to this a	ppointment.						

8.	Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? If yes, explain:	YES	NO
9.	Will your current employment allow you to travel and attend meetings and conferences during workdays?	YES	NO
10.	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)	Ш	Ш
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	If yes, how frequently were meetings scheduled?		
	If yes, state the number of meetings you missed and the reason(s) for your absence(s), as well as the number of meetings you attended.		
11.	Are you familiar with Florida's Code of Ethics for public officials, Florida Public Records and the Government in the Sunshine Act? If yes, explain:	YES	NO
12.	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? If yes, explain:	YES	NO
13.	Have you ever been suspended from any office by the Governor of the State of Florida?	YES	NO
	If yes, list:		
	Title of office:		
	Date of suspension:		
	Reason for suspension:		
	Result: Reinstated Removed Resigned		

14.	Have you previously been appointed to any office that required confirmation by the Florida Senate? If yes, list: Title of office:	YES	NO
	Term of appointment:		
	Confirmation results:		
15.	Have you ever been refused a fidelity, surety, performance, or other bond? If yes, explain:	YES	NO
16.	Have you held or do you hold an occupational or professional license or certificate in the State of Florida? If yes, provide the title and number, 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:	YES	NO
17.	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 government agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? If yes, explain:	YES	NO
18.	Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? If yes, explain if you received any compensation other than reimbursement for expenses?	YES	NO
	If yes, name the agency or entity you lobbied and the principal(s) you represented, including a contact person and telephone number.		
19.	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? If yes, explain:	YES	NO

20. If required by law or administrative rule, will you file financial disclosure statements?	YES	NO
21. If appointed, will you run in the next appropriate election?	YES	NO
Notarization		
Date Application was completed:		
STATE OF		
COUNTY OF		
The foregoing instrument was acknowledged before me this day of, who is personally known to me or as identification.		duced
Name typed, printed or stamped: Title:		