

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**WILTON SIMPSON
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS
APPOINTMENT QUESTIONNAIRE**

Section 472.007(2), Florida Statutes
Rule 5J-17.086, Florida Administrative Code

Florida Department of Agriculture and Consumer Services
Board of Professional Surveyors and Mappers
Appointment Questionnaire

This questionnaire is being required for all prospective appointees to boards, councils, authorities or committee who have decision making responsibilities. It is also required for appointment for individuals who will make recommendations to the Department concerning the disbursement of funds for particular reasons.

The first part of the questionnaire is to be used to comply with reporting minority representation on boards, commissions, and committees. This is required in Section 760.80, Florida Statutes. The second part of the questionnaire is information we need to determine your qualifications for the desired appointment and basic background information.

Please be assured that we appreciate you taking the time to fill out the questionnaire. We have attempted to make the questionnaire a document which will only give us the information we need to contact you and to determine your qualifications and desires to be appointed. Thank you in advance for your cooperation.

For additional information contact:

Office of External Affairs
Florida Department of Agriculture and Consumer Services
PL-10, The Capitol
400 South Monroe Street
Tallahassee, Florida 32399-0800

(850) 488-3022

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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APPOINTMENT QUESTIONNAIRE**

Section 472.007(2), Florida Statutes
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1-800-HELP-FLA (435-7352)
(850) 410-3800 • www.FDACS.gov

Send completed application to:

Office of External Affairs
Florida Department of Agriculture and
Consumer Services
PL-10, The Capitol
400 South Monroe Street
Tallahassee, FL 32399-0800

The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please provide details in the space provided or include a separate sheet of paper attached to this document.

Date Completed:

____ / ____ / ____

Name:

Have you ever been known by any other legal name?

Yes** No ** If Yes, please explain: _____

Preferred Mailing Address:

Home Business

Home Address (if applicable please include suite and/or unit numbers):

City: _____ **State:** _____ **Zip Code:** _____ - _____

Contact Number(s): _____ **Email Address:** _____
(_____) _____ - _____ (_____) _____ - _____
Home Phone Cellular Phone

Business Address (if applicable please include suite and/or unit numbers): _____ **Business Telephone:** _____
_____ (_____) _____ - _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Board of Interest:
Board of Professional Surveyors and Mappers

Current Employer: _____ **Occupation:** _____

Are you applying for reappointment:

Yes No

Date of Birth: _____ **Gender:** _____
____ / ____ / ____ Male Female

Race:
 Asian or Pacific Islander Black or African American Native American or Alaskan Native
 Spanish, Hispanic, or Latino White or Caucasian Other

Do you have a disability?

Yes** No

** If Yes, please describe your disability briefly. Please remember that any medical information you disclose may be available for public inspection under the state of Florida's broad public records law.

Do you now, or 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 you belonged on the basis of race, religion, national origin, or gender?

Yes** No

** If Yes, detail the name and nature of the club(s) or organizations, relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Commissioner.

The above information will be used to comply with Florida Statute Section 760.80, "Minority representation on boards, commissions, councils, and committees."

APPLICANT INFORMATION

Are you a United States citizen?

Yes No** ** If No, please explain: _____

Are you a registered voter?

Yes** No ** If Yes, party affiliation: _____

Education:

High School Attended: _____ Year Graduated: _____

List all post-secondary educational institutions attended:

Name and Address of Institution	Year of Graduation	Certification / Degree

Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment?

Yes** No ** If Yes, please describe: _____

Are you or have you ever been a member of the armed forces of the United States?

Yes** No If Yes**, please provide the following:

Dates of service: _____

Branch or component: _____

Date and type of discharge: _____

Have you ever been convicted of a felony or first degree misdemeanor?

Yes** No If Yes**, please provide the following:

On what charges: _____ **Where convicted?** _____ **Date of conviction:** _____

Have you ever pled nolo contendere or plead guilty to a crime which is a felony or first degree misdemeanor?

Yes** No *If Yes**, please provide the following:*

On what charges: _____ Where? _____ Date: _____

Have you ever had adjudication of guilt withheld to a crime which is a felony or a first degree misdemeanor?

Yes** No *If Yes**, please provide the following:*

On what charges: _____ Where? _____ Date: _____

Please Note: A "yes" answer to these questions will not automatically bar you from appointment. The nature, appointment relatedness, severity and date of the offense in relation to the appointment for which you are applying will be taken into consideration.

Please list your last three employers or all employers during the last five years. Attach additional sheets as necessary.

Employer 1	Employer / Company Name: _____	Employer / Company Address: _____		
	City: _____	State: _____	Zip Code: _____ - _____	
	Type of Business: _____	Occupation/Job Title: _____		
	Dates of Employment:			
	From: _____	To: _____		

Employer 2	Employer / Company Name: _____	Employer / Company Address: _____		
	City: _____	State: _____	Zip Code: _____ - _____	
	Type of Business: _____	Occupation/Job Title: _____		
	Dates of Employment:			
	From: _____	To: _____		

Employer 3	Employer / Company Name: _____	Employer / Company Address: _____		
	City: _____	State: _____	Zip Code: _____ - _____	
	Type of Business: _____	Occupation/Job Title: _____		
	Dates of Employment:			
	From: _____	To: _____		

Do you currently hold an office or position (appointive, civil service, or other) with federal or any foreign government?

Yes** No *** If Yes, please explain:* _____

Are you currently involved with, employed by, volunteer with or have a contractual relationship with any state, district, or local government agency in the state of Florida?

Yes** No *If yes**, identify the position(s), the names of the employing agency, and the periods of employment:*

Employing Agency:

Dates of Employment:
From: _____ To: _____

Employing Agency:

Dates of Employment:
From: _____ To: _____

Do you currently have or hold, or have you held in the past, any relationship or financial interest (employment, contractual, or otherwise) with any business entity, state agency or continuing education provider which is subject to the regulation of, or is doing business with the Board of Professional Surveyors and Mappers?

Yes ** No ** If Yes, please provide details:

Do you currently have or hold, or have you held in the past, any relationship or financial interest (employment, contractual, or otherwise) that would create a continuing or frequently recurring conflict between your private interests and the performance of your public duties, or that would impede the full and faithful discharge of your public duties?

Yes ** No ** If Yes, please provide details:

State your experience and interest or elements of your personal history that qualify you for this appointment:

Are you currently an officer, director, or administrator of a Florida state, county, or regional professional association or organization?

Yes** No ** If Yes, please list the office(s) you currently hold:

Have you ever been elected or appointed to any public office in the state of Florida?

Yes** No ** If Yes, please provide the office title, date of election or appointment, term of office, and level of government (city, county, district, state or federal): _____

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, please provide details: _____

Have you ever been suspended or removed from any office by the Governor or any other Cabinet Officer of the state of Florida?

Yes** No If Yes**, please provide the following:

Title of Office:	Reason for Removal/Suspension:	Date of Action:	Result:
_____	_____	_____	_____

Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years?

Yes** No If Yes**, please provide the following:

Agency Lobbied:	Principle Represented:
_____	_____

Have you held, now hold, or applied for, any occupational or professional license or certificate in the state of Florida, or any other state, territory, Indian Nation, or any other jurisdiction within the United States, or a foreign country?

Yes** No **** If Yes, please provide the license or certificate title and number, original issue date, and issuing authority. If any disciplinary action has been taken against you (reprimand, citation, fine, probation, suspension, revocation, disbarment, etc.) by the issuing authority, state the type, and date of action taken:**

Title and Number:	Original Issue Date:	Issuing Authority:	Disciplinary Action/Date:
_____	_____	_____	_____
_____	_____	_____	_____

Are you a photogrammetrist?

Yes No

Name any business, professional, occupational, civic, or fraternal organization(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).

Name of Membership	Mailing Address	Office(s) Held and Term(s)	Dates of Membership

Do you know of any reason(s) why you will not be able to attend fully to the duties of the office or position you have been or will be appointed?

Yes** No **** If Yes, explain:** _____

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

Yes No

I authorize all entities, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, and foreign) to release to the Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I understand that by submitting this application, the contents of this application become a public record, except for any information that is confidential or exempt under Florida law. As a result, the Department of Agriculture and Consumer Services will disclose the contents of this application upon request in conformity with applicable Florida law.

Yes No

Remainder of page intentionally left blank

CERTIFICATION

State of _____,

County of _____

Before me, the undersigned Notary Public, _____, who has been duly sworn, says:

- that he/she has carefully and personally prepared or read the answers to the foregoing questions;
- that the information contained in said answers to the foregoing questions are true; and
- that he/she will, as an appointee, fully support the Constitution of the United States and the state of Florida.

Signature of Applicant-Affiant

Sworn to and subscribed before me by means of ____ physical presence or ____ online notarization, this _____ day of _____ 20____.

<i>Signature of Notary Public</i>	<i>Name of Notary Public</i>	<i>My Commission Expires</i>
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Personally Known _____ or Produced Identification _____ Type of Identification Produced _____

SEAL