

QUESTIONNAIRE

For

City Commission Appointments



FOR THE VALPARAISO CITY COMMISSION  
465 Valparaiso Parkway, Valparaiso, FL 32580

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The information from this page has been requested by the Valparaiso City Commission. Please type or use black ink.

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Applicant's Name, including name commonly used (please print)

1. Board of Interest: \_\_\_\_\_

2. Current Employer and Occupation \_\_\_\_\_

3. Are you applying for reappointment: Yes \_\_\_ No \_\_\_

4. \*Do you have a disability? Yes \_\_\_ No \_\_\_ If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

\_\_\_\_\_

\_\_\_\_\_

5. \*Gender: Male \_\_\_ Female \_\_\_

6. \*Race: White \_\_\_ Native-American/Alaskan Native \_\_\_  
Hispanic-American \_\_\_ Asian/Pacific Islander \_\_\_ African-American \_\_\_

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

## QUESTIONNAIRE FOR CITY COMMISSION APPOINTMENTS

The information from this questionnaire will be used by the Valparaiso City Commission in considering action on your appointment. The questionnaire must be completed in full. Answer "none" or not applicable where appropriate. Please type or print in black ink.

\_\_\_\_\_  
Date Completed

1. Name: \_\_\_\_\_  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Residence Address: \_\_\_\_\_  
Street Office# City

\_\_\_\_\_  
PO Box State Zip Code Area Code/Phone #

3. Are you a United States citizen? Yes \_\_\_ No \_\_\_

4. Education

A. High School: \_\_\_\_\_ Year Graduated \_\_\_\_\_  
Name and Location

B. List all postsecondary educational institutions attended:

Name & Location	Dates Attended	Certificates/Degrees
_____		
_____		
_____		

5. 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" give details:

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>
_____			
_____			

6. 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.

Employer's Name & Address      Type of Business      Occupation/Job Title      Period of Employment

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

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

Yes \_\_\_                      No \_\_\_      If "Yes", list:

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C. Have you received any awards or recognitions relating to the subject matter of this appointment?

Yes \_\_\_                      No \_\_\_      If "Yes", list:

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

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8. 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 and/or Chapter 286, F.S., the Sunshine Law?

Yes \_\_\_ No \_\_\_ If "Yes" give details:

<u>Date</u>	<u>Nature of Violation</u>	<u>Disposition</u>
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9. Have you ever been refused a fidelity, surety, performance, or other bond?

Yes \_\_\_ No \_\_\_ If "Yes" explain:

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10. A. Have you, or businesses of which you have been an owner, officer, or employee 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 office or agency to which you have been appointed or are seeking appointment?

Yes \_\_\_ No \_\_\_ If "Yes", explain:

<u>Name of Business</u>	<u>Family Members Relationship to You</u>	<u>Family Members Relationship to Business</u>	<u>Business Relationship To Agency</u>
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11. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Valparaiso City Commission.

<u>Name</u>	<u>Mailing Address</u>	<u>Zip Code</u>	<u>Area Code/Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. 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?

Yes \_\_\_\_ No \_\_\_\_ If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date