

## QUESTIONNAIRE FOR COUNTY APPOINTMENTS

Information from this questionnaire will be used by the Board of County Commissioners of Hillsborough County when considering appointments to advisory boards and councils.

**BOARD OF INTEREST:** \_\_\_\_\_  
**(Applicant must list a board of interest)**

1. Name: \_\_\_\_\_  
                    LAST  FIRST  MIDDLE/MAIDEN

2. Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

3. Business Address: \_\_\_\_\_  
                                    STREET  P.O. BOX/SUITE

\_\_\_\_\_  
                    CITY                                    STATE                    ZIP                    PHONE NUMBER

4. Residence Address: \_\_\_\_\_  
                                    STREET  P.O. BOX/SUITE

\_\_\_\_\_  
                    CITY                                    STATE                    ZIP                    PHONE NUMBER

Please note: The following information will be used to satisfy Equal Opportunity reporting requirements.

5. Sex:     \_\_\_ Male     \_\_\_ Female

6. Race:   \_\_\_ White, non-Hispanic   \_\_\_ Hispanic     \_\_\_ Black  
            \_\_\_ Asian / Pacific Islander   \_\_\_ American Indian   \_\_\_ Alaskan Native

Please note: Response to the following question is optional.

7. Are you a person with a disability?   \_\_\_ Yes     \_\_\_ No     If yes, please explain the nature of your disability: \_\_\_\_\_

\_\_\_\_\_

8. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

9. Have you ever been convicted of any felony or misdemeanor offense? \_\_\_ Yes \_\_\_ No  
If yes, please explain (You may omit minor traffic violations and any offense committed as a minor.) \_\_\_\_\_

\_\_\_\_\_

10. Do you currently serve on any board/council/committee/authority in the State of Florida?  
 Yes  No If yes, list name of board: \_\_\_\_\_

(Please note that unless specifically approved by the Board of County Commissioners, no citizen may serve on more than one board/council/committee/authority at a time.)

11. Are you a registered voter in Hillsborough County?  Yes  No

12. If you are an agency representative, are you registered to vote in the County in which you reside?  Yes  No If yes, list the name of County \_\_\_\_\_

13. Continuous resident of Hillsborough County since: \_\_\_\_\_

14. Education: A. High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

B. List all post secondary educational institutions attended:

| NAME & LOCATION | DATES ATTENDED | DEGREE(S) RECEIVED |
|-----------------|----------------|--------------------|
|                 |                |                    |
|                 |                |                    |
|                 |                |                    |

15. Do you have any relatives working for Hillsborough County?  Yes  No  
 If yes, list their name, relationship, and office: \_\_\_\_\_

16. Have you ever held a professional or business license or certificate?  Yes  No  
 If yes, please list below. If any disciplinary action has been taken, please indicate the date and type of action taken. (Please include the number of your license or certificate.)

| LICENSE/<br>CERTIFICATE/BAR NO. | DATE ISSUED | ISSUING<br>AUTHORITY | DISCIPLINARY<br>ACTION |
|---------------------------------|-------------|----------------------|------------------------|
|                                 |             |                      |                        |
|                                 |             |                      |                        |
|                                 |             |                      |                        |

17. State your experience and interests or elements of your personal history that qualify you for appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. If you are appointed, do you know of any reason whatsoever why you will not be able to attend regularly scheduled meetings or otherwise fulfill the duties of the office to which you have been appointed?     Yes         No        If yes, please explain: \_\_\_\_\_

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19. Citizen members shall be appointed in a manner to avoid conflicts of interest or the appearance of conflicts of interest. Do you know of any reason that would prohibit you from serving on this board that could be deemed as a “conflict of interest?” If yes, please explain:

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20. To your knowledge, have you, members of your immediate family, or business of which you or members of your immediate family have been an owner, officer or employee, held any contractual or other dealings during the last three (3) years with any Hillsborough County government agency, including the agency to which you seek appointment?    Yes         No  
 If yes, please list below:

| <b>BUSINESS</b> | <b>YOUR RELATIONSHIP TO BUSINESS</b> | <b>BUSINESS RELATIONSHIP TO AGENCY</b> |
|-----------------|--------------------------------------|--|
|                 |                                      |  |
|                 |                                      |  |
|                 |                                      |  |

21. Please list three persons who have known you well within the past five years. Include a current and complete address, phone number, and the capacity in which they have known you. Please list only those persons who have given their consent to be used as a reference.

| <b>NAME</b> | <b>ADDRESS</b> | <b>PHONE NUMBER</b> | <b>CAPACITY</b> |
|-------------|----------------|---------------------|-----------------|
|             |                |                     |                 |
|             |                |                     |                 |
|             |                |                     |                 |

22. Name any business, professional, civic or fraternal organizations of which you are a member, and the dates of your membership.

| <b>ORGANIZATIONS</b> | <b>DATE OF MEMBERSHIP</b> |
|----------------------|---------------------------|
|                      |                           |
|                      |                           |
|                      |                           |

A response to the following two questions is required **only** when applying for the **Land Use Appeals Board**.

23. Do you or your firm/business present variances or special use permits before the Land Use Hearing Officer? \_\_\_\_\_

24. If yes, how often? \_\_\_\_\_

**IF YOU ARE APPLYING FOR ONE OF THE FOLLOWING BOARDS, A CRIMINAL BACKGROUND CHECK IS REQUIRED. ANY APPOINTMENT TO ONE OF THESE BOARDS OR AS A HEARING OFFICER IS CONTINGENT UPON THE RESULTS OF THE CRIMINAL BACKGROUND CHECK. YOU MUST COMPLETE A BACKGROUND INVESTIGATION DISCLOSURE AND AUTHORIZATION FORM AND RETURN WITH QUESTIONNAIRE. THESE CANNOT BE SUBMITTED ELECTRONICALLY AS ORIGINAL SIGNATURE IS REQUIRED. (Exception: Agency Appointees; If you are an employee of an agency that requires the employee to undergo a criminal background check as a condition of employment, you are not required to undergo this additional criminal background check to be appointed to a board. However, your Agency/Employer must provide proof that you cleared a background check and the date of clearance.)**

**Anti-Bullying Advisory Committee; Child Care Facilities Advisory Board; Child Care Licensing Hearing Officers; Children’s Services Advisory Board; Council on Aging; Family Child Care Home Advisory Board; Parks, Recreation and Conservation Board; and the Public Library Board.**

**AS A MEMBER OF THE FOLLOWING BOARDS, YOU WILL BE REQUIRED AS A “LOCAL OFFICER” TO FILE A FINANCIAL DISCLOSURE FORM 1, WITHIN 30 DAYS OF APPOINTMENT AS WELL AS ANNUALLY THEREAFTER. Forms can be found on the Commission on Ethics website at [www.ethics.state.fl.us](http://www.ethics.state.fl.us) under Forms.**

**Arts Council; Building Board of Adjustment, Appeals & Examiners; Code Enforcement Board; Code Enforcement Special Magistrate; Electrical Board of Adjustment, Appeals & Examiners, Gas Board of Adjustment, Appeals & Examiners; Hillsborough Area Regional Transit Authority; Hospital Authority; Human Relations Board; Land Use Appeals Board; Mechanical Board of Adjustment, Appeals & Examiners; Planning Commission; Plumbing Board of Adjustment, Appeals & Examiners, Polk County Joint Airport Zoning Board; and the Tampa Sports Authority.**

**FOR THIS FORM TO BE VALID, PLEASE SIGN AND DATE BELOW.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
FAX NUMBER

**INSTRUCTIONS FOR SUBMITTAL:**

**MAIL TO:**

**Boards & Councils Coordinator  
P. O. Box 1110  
Tampa, FL 33601**

**DELIVER / MAIL TO:**

**Boards & Councils Coordinator  
2<sup>nd</sup> Floor, County Center  
601 E. Kennedy Blvd.  
Tampa, FL 33602**

**FAX TO:**

**813-307-3237**

**SCAN AND E-MAIL TO:**

**[FinleyL@HillsboroughCounty.org](mailto:FinleyL@HillsboroughCounty.org)**