

**STATE OF FLORIDA**

**DEPARTMENT OF AGRICULTURE AND  
CONSUMER SERVICES**



**OFFICE OF THE COMMISSIONER**

**QUESTIONNAIRE FOR APPOINTMENT**

QUESTIONNAIRE FOR APPOINTMENT  
Florida Department of Agriculture and Consumer Services  
Office of the Commissioner  
Phone: (850) 617-7700; Fax: (850) 617-7744

---

**MEMORANDUM**

**TO:** Prospective Appointees

**FROM:** Office of the Commissioner, External Affairs  
PL-10 The Capitol, 400 South Monroe Street  
Tallahassee, Florida 32399-0800  
Office: (850) 617-7700 Fax: (850) 617-7744

**SUBJECT:** Questionnaire for Appointment

---

The completion of this questionnaire is required for all prospective appointees to advisory boards, councils, authorities, or committees with decision making responsibilities. Please complete the questionnaire and return to the Office of External Affairs via email or fax as soon as possible.

The first part of the questionnaire is to be used to comply with reporting minority representation on boards, commissions, and committees pursuant to section 760.80, Florida Statute. The second section is information we need for determining your qualifications for the desired appointment and basic background information.

Thank you for taking the time to fill out the questionnaire. If you have any questions, do not hesitate to contact Katherine Goletz in the Office of External Affairs at 850-617-7729.

Thank you in advance for your cooperation.



**QUESTIONNAIRE FOR APPOINTMENT**  
Florida Department of Agriculture and Consumer Services  
Office of the Commissioner  
Phone: (850) 617-7700; Fax: (850) 617-7744

The information from this page has been requested and will be used exclusively by the Florida Department of Agriculture and Consumer Services, Office of the Commissioner.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Appointment of Interest: \_\_\_\_\_

Current Employer and Occupation: \_\_\_\_\_

Are you applying for reappointment:  Yes  No If "Yes", date of original appointment: \_\_\_\_\_

\*Do you have a disability?  Yes  No Please explain: \_\_\_\_\_

\*Race:  White  Native-American/Alaskan Native  
 Hispanic-American  Asian/Pacific Islander  
 African-American  Other

Do you currently, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged based on race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if the Commissioner of Agriculture appoints you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**II. QUESTIONNAIRE FOR APPOINTMENTS**

The questionnaire must be completed in full. Answer "none" or "not applicable" where appropriate.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Appointment of Interest: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

1. Are you a registered Florida voter?  Yes  No County: \_\_\_\_\_

2. Have you ever been convicted of a felony or first degree misdemeanor?  Yes  No

If "Yes" please explain: \_\_\_\_\_

\_\_\_\_\_

3. Please describe your professional and or educational background, experience and or personal history that qualify you for this appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?  Yes  No If "Yes", list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Identify all association membership and association offices held by you that relate to this appointment: \_\_\_\_\_

\_\_\_\_\_

6. Have you ever 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 explain: \_\_\_\_\_

---

---

7. Do you know of any reason 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" please explain: \_\_\_\_\_

---

8. Please describe why you are seeking this appointment:

---

---

---

---

By signing and submitting this application, I agree that the foregoing information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date