

**Application for Position
Commissioner of Florida Commission on Offender Review**

Full Name

Social Security Number

Driver's License Number

Residence Address

Business Telephone

Residence Telephone

Mobile Telephone

Alternate Telephone

Have you ever been known by any other name?

Yes No

If so, state in full each name used or by which you have at any time been known and when, how and why the change was made.

Place of birth - City or Town, State, County

Are you a citizen of the United States?

Yes No

If not, have you established legal residency in the United States?

Yes No N/A

Have you established legal residence in Florida?

Yes No

The following constitutes every residence, address and place you have lived during the preceding five (5) years:

Street Address	City and State, Zip	From	To
----------------	---------------------	------	----

When could you begin work if selected?

Have you any objections to the Qualifications Committee making inquiry of your present or past employers regarding verifications, qualifications, etc?

Yes No

If yes, give details:

Have you ever served as an appointed or elected member of any board or commission?

Yes No

If yes, give details:

Have you ever served in the armed forces of the United States?

Yes No

If yes, state the branch of service, approximate dates of service, rank at termination, and reason for such termination.

List all employment for the previous twenty (20) years in chronological order beginning with your most recent position. A resume may be submitted in lieu of this requirement. Do not include part-time and summer jobs.

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

Employer

Supervisor

Address

Position Held

Phone Number

Dates:

From

To

Salary

Duties

Reason for Leaving

(Attach additional sheets if necessary)

Have you ever been discharged from any employer or have been requested, formally or informally, to resign from or terminate employment?

Yes No

If so, give the date, circumstances and name and address of employer.

Will appointment to the Commission create a continuing or frequently recurring conflict between your private interests and the performance of your prospective public duties relating thereto, or would such in any way impede your full and faithful discharge of said public duties?

Yes No

Have you ever been convicted of a violation of any law or ordinance other than parking violations?

Yes No

If so, give details as follows:

Date	Court	Nature of Proceeding	Disposition
------	-------	----------------------	-------------

Education (A resume containing this information may be attached.)

High School

Location

Dates Attended:

From

To

Graduated

Yes

No

What type of degree did you receive, and when?

College

Location

Dates Attended:

From

To

Graduated

Yes

No

What type of degree did you receive, and when?

College

Location

Dates Attended:

From

To

Graduated

Yes

No

What type of degree did you receive, and when?

College

Location

Dates Attended:

From

To

Graduated

Yes

No

What type of degree did you receive, and when?

Vocational/Business School

Location

Dates Attended:

From

To

Graduated

Yes

No

What type of degree did you receive, and when?

Outline additional educational training you may have received. For example, night, summer or other school, or educational institution, or apprenticeship training for a particular trade or profession. Give the name of the school or firm, its location, the course or courses taken, and the length of time spent. (A resume containing this information may be attached.)

Give the name of courses in your educational training which relates to probation and parole (for instance, psychology, criminal law), or which might contribute to your qualifications. (A resume containing this information may be attached.)

List your scholastic honors, important publications (do not submit copies), and public speaking experiences, etc.

State any special qualifications (for instance knowledge of law, working knowledge of foreign languages) not as yet developed by the preceding questions, which you feel may have helped you prepare for this position.

Have you ever performed pro bono work, i.e. civic or welfare work?

Yes No

If yes, list nature of work and amount of time spent.

Have you ever been involved in a civil court case as a Plaintiff or Defendant?

Yes No

If yes, give court dates, nature of action and results.

Do you have any physical limitations, psychological or medical conditions that would adversely affect your ability to perform the essential elements and duties relating to this position?

Yes No

Have you within the past ten years undergone treatment for or consulted any doctor about your use of drugs, narcotics or alcohol?

Yes No

If yes, give details.

Have you previously held, or do you currently hold a license or certificate, the procurement of which required proof of good character?

Yes No

If yes, as to each license or certificate, state the date it was granted, the name and address of the authority issuing it, whether any such license or certificate has been revoked and whether you have been reprimanded, censured, or otherwise disciplined relating to each respective license or certificate.

Fill in below the name of five (5) persons not related to you, excluding public officials, who have known you for at least five (5) years. All persons you list may be asked to appraise your character, ability, experience, personality, and other qualities.

Name

Contact Number

Home Address (Street, City and State)

Business, Occupation or Profession

Years Known

Name of Business

Business Phone

Business Address (Street, City and State)

Name

Contact Number

Home Address (Street, City and State)

Business, Occupation or Profession

Years Known

Name of Business

Business Phone

Business Address (Street, City and State)

Name

Contact Number

Home Address (Street, City and State)

Business, Occupation or Profession

Years Known

Name of Business

Business Phone

Business Address (Street, City and State)

Name

Contact Number

Home Address (Street, City and State)

Business, Occupation or Profession

Years Known

Name of Business

Business Phone

Business Address (Street, City and State)

Name

Contact Number

Home Address (Street, City and State)

Business, Occupation or Profession

Years Known

Name of Business

Business Phone

Business Address (Street, City and State)

With respect to this application process, would you object to providing, upon request, any information that would be otherwise subject to financial disclosure requirements relating to the Commission?

Yes No

Note: Filing financial disclosure statements generally include reporting:

1. all sources of income exceeding five percent (5%) of your gross salary;
 2. income to a business entity exceeding ten percent (10%) of its total income and ten percent (10%) of your income;
 3. location and description of real property;
 4. all persons who gave you gifts in excess of \$100.00; and
 5. every debt which exceeds your net worth.
-

Do you currently have any accounts in delinquent status?

Yes No

Have you ever filed for bankruptcy?

Yes No

If yes, give details.

State fully your reason(s) for wishing to be employed as a member of the Commission.
(You may use a separate sheet if necessary.)

Have you previously applied for a position on the Commission?

Yes No

If yes, give dates.

OATH OF AFFIRMATION

STATE OF

COUNTY OF

(Applicant)

I have read the foregoing questions, and have answered each one fully and frankly. The answers are complete and true to the best of my knowledge.

I authorize the Committee to perform all necessary background screening and to verify information provided herein. I understand that this may include running my name and social security number through Federal and State Criminal databases.

Signature of Applicant: _____

EEO SURVEY

The following information is requested in order to facilitate a demographic statistical correlation of the applicant pool and is not requested for the purpose of discriminating on any basis. Your compliance with this request is strictly voluntary; failure to provide responses shall have absolutely no effect upon this application process.

Gender: Female Male

Race: White, Non-Hispanic
 Black, Non-Hispanic
 Hispanic
 Asian or Pacific Islander
 Member of a Federally Recognized Native American Group
 Other

Age