



The Children's Trust of Alachua County Application

Name: _____
FIRST MIDDLE LAST

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Ext.: _____

Section 1 – General Information

List all your places of residence for the last ten (10) years:

Address	City & State	Dates: From / To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name	Location	Type of Business	Occupation Title	Period
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Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes No

If yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position	Employing Agency	Period of Employment
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Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No

If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes No

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

Office Title	Dates in Office	Level of Government	Election or Appointment
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If your service was on an appointed board(s), committee(s), or council(s):

- 1) How frequently were meetings scheduled: _____
- 2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

Meetings Attended	Meetings Missed	Reason for Absence
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Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? **Yes** **No**

If "Yes", give details:

Date	Nature of Violation	Disposition

Have you ever been suspended from any office by the Governor of the State of Florida?

Yes **No**

If "yes", list:

Title of Office: _____ Reason for Suspension: _____

Date of Suspension: _____ Result: Reinstated ___ Removed ___ Resigned ___

Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes **No**

If "Yes", list:

1) Title of Office: _____

2) Term of Appointment: _____

3) Confirmation Result: _____

Have you ever been refused a fidelity, surety, performance, or other bond? **Yes** **No**

If “Yes”, explain:

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date
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Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities’ rules and regulations? **Yes** **No**

Section 3 – References and Experience

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

Please list specifically any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment:

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

Please identify all association memberships and offices (including any business, professional, occupational, civic or fraternal organizations you have held or hold relating in the last 10 years.

Name of the Association	Role	Dates of Membership
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Are you currently serving or have you ever served on an Alachua County Advisory Board?

Yes **No**

If "Yes", please list board(s) :

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 seek appointment? **Yes** **No**

If "Yes", explain:

List three persons who have known you well within the past five 5 years. Include a current telephone number. Exclude your relatives.

Name	Organization	Phone Number
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Areas of Experience/Advanced Knowledge/Training:

Check all that apply

	LGBTQ Issues		Faith-Based
	Law Enforcement/Juvenile		Economic Diversity
	Business		Higher Education
	Mental Health/Substance Abuse		Juvenile Justice
	Early Childhood Education		Teen Pregnancy
	Drop Out Prevention		After-School/Out Of School Care
	Education & Child Development		Experience Advocating for Children
	Health Prevention for Young People		Children & Teen Health Issues
	Other (If other, please explain)		

What contributions do you feel you could make if you were recommended to the Governor to this board?

Section 4 – Possible Conflict of Interest

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? **Yes** **No**

If “Yes”, explain:

Name of Business Your Relationship to Business Business Relationship to Agency

Have members of your immediate family (spouse, child, parent(s), siblings(s)), or business 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. **Yes** **No**

If "Yes", explain:

Name of Business Relationship to You Relationship to Business Business Relationship to Agency

Have you ever had a registered lobbyist or have you lobbied at any level of government at any time during the past five years? **Yes** **No**

- 1) Did you receive any compensation other than reimbursement expenses? **Yes** **No**
2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

If you agree, please type or write your initials for each of the following statements:

- 1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws.
Yes **No**
- 2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.
Yes **No**
- 3) I affirm that my personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities' rules and regulations.
Yes **No**

Optional: Check the Race/Ethnic Group with which you identify:

This information helps us provide diversity on our advisory boards.)

<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Bi-Racial / Multi-Racial	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Native American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	White	<input type="checkbox"/>	Other

I understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct (must be read and checked).

To complete the application, download and save it to your computer, then complete the application and save it again. Once it is complete submit it by email to ttonkavich@alachuacounty.us or fax at 352-264-6703.