



# 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all your former and current residences outside of Florida that you have maintained at any time during adulthood:

Address	City & State	Dates: From / To

Have you ever been convicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150.00 or less was paid.)

Yes  No

If "Yes" give details:

Date	Place	Nature	Disposition

## Section 2 – Education and Background

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
(Name) (Location)

List all postsecondary education institutions attended:

Name	Dates	Degree Received	Major Field of Study

Are you or have you ever been a member of the armed forces of the United States? Yes  No

If "Yes" list:

Dates of service: \_\_\_\_\_

Branch or component: \_\_\_\_\_

Date & type of discharge: \_\_\_\_\_

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.

<b>Employer's Name &amp; Location</b>	<b>Type of Business</b>	<b>Occupation Title</b>	<b>Period</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:*

<b>Position</b>	<b>Employing Agency</b>	<b>Period of Employment</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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):*

<b>Office Title</b>	<b>Dates in Office</b>	<b>Level of Government</b>	<b>Election or Appointment</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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):*

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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:*

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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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If "Yes", explain:

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

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Have you ever had a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) 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**

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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.)

	African American		Asian		Bi-Racial / Multi-Racial		Hispanic
	Native American		Pacific Islander		White		Other

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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](mailto:ttonkavich@alachuacounty.us) or fax at 352-264-6703.