



# 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.

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**


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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**(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)		

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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 ☐

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.

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