

Application Form
University Board of Trustees Position
State University System of Florida

Name: _____ Date Completed: _____
Last First Middle and/or Maiden

INSTRUCTIONS

The information submitted will be used by the Board of Governors in considering action on your application. If appointed, please be advised that your appointment is subject to confirmation by the Florida Senate and you will be required to file an annual financial disclosure statement with the Florida Commission on Ethics.

Please type or print clearly. Please do not leave any questions blank.
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All applications must be signed and witnessed by a Notary. Submit the original completed application via mail, email, or facsimile (850) 420-1924 (850) 420-1924 (850) 420-1924
Fax 850.245.9685

Chancellor@flbog.edu

PLEASE NOTE: any application submitted by facsimile or email must be received by the posted deadline and followed by the original signed application to above address.

EXCLUSIONS

EXEMPTION FROM PUBLIC RECORDS

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS THAT MAY BE VIEWED UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR CERTAIN IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.



Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE GENERAL COUNSEL FOR THE BOARD OF GOVERNORS.

5 D F K H O . D P R X W V D V
General Counsel and Corporate Secretary
State University System of Florida, Board of Governors
: H V W * D L Q H V 6 W U H H W 6 X L W H
Tallahassee, FL 323
(850)245-0466

PERSONAL INFORMATION

Name: _____ Date Completed: _____
Last First Middle and/or Maiden

1. University Board of Interest : Are you applying for reappointment? Yes No

FAMU FAU FGCU FIU FSU NCF UCF UF UNF USF UWF

2. Residence Address: _____
Street City State County Zip Code

_____ _____
Area Code/Phone Cell Phone

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1 . Have you ever been known by any other legal name? Yes No , I ' < H V μ H [S O D L Q

1 . Are you a United States citizen? Yes No , I ' 1 R μ H [S O D L Q

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6 L Q F H Z K D W \ H D U K D Y H \ R X E H H Q D F R Q W L Q X R X V U H V L G H Q W R I

1 . Are you a registered Florida voter ? Yes No

1 Have you ever been charged or indicted 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 or less was paid.) Yes No , I ' < H V μ J L Y H G H W D L O V

Date Place Nature Disposition

1 . Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes No , I ' < H V μ J L Y H G H W D L O V

Date Nature of Violation Disposition

1 . Have you ever been suspended from any office by the Governor of the State of Florida? Yes No , I ' < H V μ O L V W

Title of Office: _____ Reason for Suspension: _____

Date of Suspension: _____ Result: Reinstated Removed Resigned

1 . Are there any pending lawsuits against you or are you a party to a lawsuit in any court in which you are the plaintiff or defendant? Yes No , I ' \ H W μ What type and where?

1 . Have any judgments been entered against you as a result of any civil or administrative proceeding(s)? Yes No , I \ H V μ L G h Q e d i n g (s) M k a H resulted in the

2 . Identify all association memberships and association offices held by you that relate to this appointment :

2 . Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

Name Mailing Address Office(s) Held & Term Date(s) of Membership

2 . Are you now, or have you within the past four (4) years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender? Yes No , I \HVµ GHWDLO WKH QDPH DQG QDWXUH RI V policies and practices, and state whether you intend to continue as a member if appointed by the Board of Governors.

EMPLOYMENT HISTORY AND PROFESSIONAL BACKGROUND

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

Employer Name and Address Type of Business Occupation/Title Period of Employment

2 . Have you ever been employed by any state, district, or local government agency in Florida? Yes No , I <HVµ LGHQWLI\ WKH SRVLWLRQ V WKH QDPH V R period(s) of employment, and reason for leaving:

Position Employing Agency Period of Employment

entity? Yes No ,I ' <HVμ VWDWH WKH QDPH RI WKH EXVLQHVV

\$UH \RX RU KDYH \RX HYHU EHHQ D PHPEHU RI WKH 8QLWHG 6WD
,I ' <HVμ OLVW

\$ 'DWHV RI VHUYLFH

% %UDQFK RU FRPSRQH

& 'DWH DQG W\SH RI GLVFKDUJH

2. Have you ever served on any profit or not-for-profit board? Yes No , I < H V μ V W D W H
title, date of appointment, length of service, and provide a brief description of your involvement.

Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment? Yes No

Name of Business Relationship to you Relationship to Business to University

Do you know of any reason why you will not be able to attend fully the duties of the position to which you have been or will be appointed? Yes No

REFERENCES

List three persons who have known you well during the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

Name Mailing Address Zip Code Area Code/Telephone Number

CERTIFICATION

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____ who after being duly sworn, says: 1) that he/she has carefully prepared or read the answers to the foregoing question; 2) that the information contained in said answers is complete and true; 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida. Be it further known that in signing this document the undersigned understands that a background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors and that he/she has received a copy of the BoD U G R I * R Y H U Q R U V . 6 W D W H , P s e @ W R Q W K Release of Social Security Numbers.

\$ I I L D Q W . V V L J Q D W X U H

Sworn to and subscribed before me on this _____ day of _____, 20____, by

_____.

(signature of notary)

(typed, printed or stamped name)

Notary Public
Commission No.:
My Commission Expires:

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Statement on the Collection, Use, or Release of Social Security Numbers

Florida law requires that public entities provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which they are collected, used, or released. The collection of social security numbers by the Board of Governors is either specifically prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or released, and the pertinent authority:

1. For employment eligibility and reports to IRS and the Social Security Administration, including for W-2 forms, including for W-2 forms. Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and Fla. Stat. §119.071(5) (a) 6]
2. For the purpose of determining eligibility for Social Security benefits, including for Social Security benefits. Authorized by 42 U.S.C. 4051(a)(1) and 8 C.F.R. 274a.2]

[Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. §119.071 (5) (a) 6]

11. The disclosure of the social security number is for the purpose of the administration of health benefits for a Board employee or his or her dependents [Required by Fla. Stat. § 119.071(5) (a) 6]

12.