

Calling all businesspeople interested in ensuring Broward's economic viability!

The Early Learning Coalition of Broward County, Inc. has an opening on its Board of Directors for a Governor Appointed Member. The Coalition is seeking applications from interested individuals who are committed to making a difference in an area of great importance to the community's children, families and businesses; the early care and education of Broward's youngest citizens.

Early care and education is increasingly recognized by social scientists as critical to economic self-sufficiency. Access to quality child care is vital for parents to be able to work. It also helps parents maintain stable employment and increases overall family stability. Quality early care and education is also critical to children's success in school and in life, which also creates a more qualified workforce in the future.

Since 2000, the Early Learning Coalition of Broward County, Inc. (ELC) has been dedicated to the implementation of an integrated, high-quality, seamless early care and education service delivery system for children. ELC is accountable for assessing the early care and educational resources available in Broward County as well as developing local plans to address identified needs. Presently, ELC has a budget of over \$90 million, which is comprised of federal, state, local, and private funding. (For more information about the Coalition and its services, visit the website at www.elcbroward.org.)

Those interested should download a copy of the application for Governor appointment and review policies surrounding board membership, including private sector membership (which Governor Appointees must meet), as well as a fact sheet detailing the economic importance of early care and education from our website www.elcbroward.org and mail it to the Coalition's address below, or submit same directly to the Governor's Appointments Office at:

Office of Governor Rick Scott Appointments Office

Attn: Jennifer Walker

The Capitol, 705

Tallahassee, Florida 32399-001

Phone: (850) 488-2183

Fax: (850) 921-0733

We would appreciate your assistance in disseminating this announcement to members of the community who are interested in being a committed part of an organization that helps the next generation break the cycle of poverty and helps Broward to maintain a vital workforce.

Early Learning Coalition of Broward County, Inc.

6301 NW 5th Way, Suite 3400

Fort Lauderdale, Florida 33309

(954) 377-2188 - FAX (954) 377-2192

Be sure to visit our website: www.elcbroward.org

QUESTIONNAIRE

for

GUBERNATORIAL APPOINTMENTS



FOR THE GOVERNOR'S APPOINTMENT OFFICE

The Capitol, Tallahassee, Florida 32399-0001

The information from this page has been requested and will be used exclusively by the GOVERNOR'S OFFICE.

Please type or use black ink.

1. Board of Interest: _____

2. Current Employer and Occupation: _____

3. Are you applying for reappointment: Yes No

4. *Do you have a disability? Yes No If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. *Sex: Male Female

6. *Race: White Native-American/Alaskan Native
Hispanic-American Asian/Pacific Islander
African-American

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

Email address _____

Cellular Telephone Number _____

Applicant's Name, including name
commonly used (Please print)

* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

QUESTIONNAIRE FOR GUBERNATORIAL APPOINTMENTS

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

Date Completed

1. Name: _____

MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN

2. Business Address: _____

STREET OFFICE # CITY

POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Residence Address: _____

STREET CITY COUNTY

POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business Residence Fax # _____

(optional)

4. A. List all your places of residence for the last five (5) years.

ADDRESS CITY & STATE FROM TO

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

ADDRESS CITY & STATE FROM TO

5. Date of Birth: _____ Place of Birth: _____

6. Social Security Number: _____

7. Driver License Number: _____ Issuing State: _____

8. Have you ever used or been known by any other legal name? Yes No If "Yes" Explain

9. Are you a United States citizen? Yes No If "No" explain:

If you are a naturalized citizen, date of naturalization: _____

10. Since what year have you been a continuous resident of Florida? _____

11. Are you a registered Florida voter? Yes No If "Yes" list:

A. County of registration: _____ B. Current party affiliation: _____

12. Education

A. High School: _____ Year Graduated: _____

(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

NAME & LOCATION DATES ATTENDED CERTIFICATES/DEGREES RECEIVED

13. Are you or have you ever been a member of the armed forces of the United States? Yes No If "Yes" list:

A. Dates of service: _____

B. Branch or component: _____

C. Date & type of discharge: _____

14. Have you ever been arrested, 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.) If "Yes" give details:

DATE PLACE NATURE DISPOSITION

15. Concerning your current employer and for all of your 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'S NAME & ADDRESS TYPE OF BUSINESS OCCUPATION/JOB TITLE PERIOD OF EMPLOYMENT

16. 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

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

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment?
Yes No If "Yes", list:

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes No
If "Yes", list:

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

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?
Yes No If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes No If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE DATE OF ELECTION OR APPOINTMENT TERM OF OFFICE LEVEL OF GOVERNMENT

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 reasons(s) for your absence(s).

MEETINGS ATTENDED MEETINGS MISSED REASON FOR ABSENCE

20. 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 If "Yes", give details:

DATE NATURE OF VIOLATION DISPOSITION

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes No If "Yes", list:

A. Title of office: _____ C. Reason for suspension: _____

B. Date of suspension: _____ D. Result: Reinstated Removed Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes No

If "Yes", list:

A. Title of Office: _____

B. Term of Appointment: _____

C. Confirmation results: _____

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes No If "Yes", explain:

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No

If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE ORIGINAL
TITLE & NUMBER ISSUE DATE ISSUING AUTHORITY DISCIPLINARY ACTION/DATE

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental 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

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses 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, including the office or agency to which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

FAMILY MEMBER'S BUSINESS' RELATIONSHIP
NAME OF BUSINESS RELATIONSHIP TO YOU RELATIONSHIP TO BUSINESS TO AGENCY

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes No

A. Did you receive any compensation other than reimbursement for expenses? Yes No

B. Name of agency or entity you lobbied and the principal(s) you represented:

AGENCY LOBBIED PRINCIPAL REPRESENTED

27. List three persons who have known you well within 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/PHONE NUMBER

28. Name any business, professional, occupational, civic, or fraternal organizations(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

29. 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 have been or will be appointed? Yes No If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes No

CERTIFICATION

STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared _____, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Signature of Applicant-Affiant

Sworn to and subscribed before me
this _____ day of _____, 20____.
Signature of Notary Public-State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: _____

Personally Known OR Produced Identification
Type of Identification Produced _____

(seal)