QUESTIONNAIRE

For

City Commission Appointments
Applicant’s Name, including name commonly used (please print)

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. *Gender: Male ___ Female ___

    Hispanic-American ___ Asian/Pacific Islander ___ African-American ___

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

The information from this questionnaire will be used by the Valparaiso City Commission in considering action on your appointment. 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. Residence Address: ____________________________________________
   Street  Office#  City

   PO Box  State  Zip Code  Area Code/Phone #

3. Are you a United States citizen?  Yes ___  No ___

4. Education

   A. High School: ____________________________________________Year Graduated____
       Name and Location

   B. List all postsecondary educational institutions attended:

       Name & Location  Dates Attended  Certificates/Degrees


5. 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


6. 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.

<table>
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<tr>
<th>Employer’s Name &amp; Address</th>
<th>Type of Business</th>
<th>Occupation/Job Title</th>
<th>Period of Employment</th>
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7. 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 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:

__________________________________________________________________
__________________________________________________________________

8. 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 and/or Chapter 286, F.S., the Sunshine Law?

Yes ___  No ___  If “Yes” give details:

Date  Nature of Violation  Disposition

__________________________________________________________________
__________________________________________________________________

9. Have you ever been refused a fidelity, surety, performance, or other bond?

Yes ___  No ___  If “Yes” explain:

__________________________________________________________________
__________________________________________________________________

10. A. Have you, or businesses of which you have been an owner, officer, or employee 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:

Name of Business  Family Members Relationship to You  Family Members Relationship to Business  Business Relationship To Agency

__________________________________________________________________

__________________________________________________________________
11. 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 Valparaiso City Commission.

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<tr>
<th>Name</th>
<th>Mailing Address</th>
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12. 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:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

13. If required by law or administrative rule, will you file financial disclosure statements?

Yes ____  No ____

_______________________________________       _________________
Signature of Applicant                                                                  Date