

Florida Board of Bar Examiners

Michele A. Gavagni
Executive Director

QUESTIONNAIRE FOR PUBLIC MEMBER VACANCY

1. List your full name: _____

2. Have you ever used or been known by any other legal name?

Yes No

If yes, please explain.

3. Provide the following contact information.

Home Telephone: _____

Business Telephone: _____

Email Address: _____

Fax Number: _____

4. List your current business name and address.

Business Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

5. List your current residential address.

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

6. Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

7. Marital Status: Single Married Widowed Divorced

Spouse's Name (if married): _____

If you have children, list their names and ages.

Names

Ages

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

8. List all previous residential addresses during the last five (5) years. Please begin with the most recent address.

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

9. List each post-secondary educational institution attended, dates of attendance, areas of major study, and the degree(s) awarded, if any.

Educational Institution: _____
Dates Attended: _____
Major(s): _____
Degree(s): _____

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Dates Attended: _____
Major(s): _____
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Degree(s): _____

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Dates Attended: _____
Major(s): _____
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10. Are you or have you ever been a member of the armed forces of the United States? If yes, please list below.

Yes No

Dates of Service: _____
Branch of Service: _____
Type of Discharge: _____

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Branch of Service: _____
Type of Discharge: _____

11. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation or ordinance (excluding traffic violations for which a fine or civil penalty for \$150 or less was paid)?

Yes No

If yes, please explain below.

12. List your work experience during the last five (5) years. Beginning with your current employer, list your employer's name, business address, type of business, your job title, and period(s) of employment.

Employer Name: _____

Address: _____

Type of Business: _____

Job/Position Title: _____

Dates/Periods of Employment: _____

Employer Name: _____

Address: _____

Type of Business: _____

Job/Position Title: _____

Dates/Periods of Employment: _____

Employer Name: _____

Address: _____

Type of Business: _____

Job/Position Title: _____

Dates/Periods of Employment: _____

Employer Name: _____

Address: _____

Type of Business: _____

Job/Position Title: _____

Dates/Periods of Employment: _____

Employer Name: _____
Address: _____
Type of Business: _____
Job/Position Title: _____
Dates/Periods of Employment: _____

13. Are you currently an officer or director of any business organization or otherwise engaged in the management of any business enterprise?

Yes No

If yes, provide details, including the name of the enterprise, the nature of the business, the title of your position, and the term of your service.

Business Name: _____
Nature/Type of Business: _____
Job/Position Title: _____
Dates/Term of your Service: _____

Business Name: _____
Nature/Type of Business: _____
Job/Position Title: _____
Dates/Term of your Service: _____

Business Name: _____
Nature/Type of Business: _____
Job/Position Title: _____
Dates/Term of your Service: _____

14. Have you held or do you currently hold an occupational or professional license or certificate?

Yes No

If yes, please provide the issuing authority and the status of the license or certificate.

Issuing Authority: _____

Status of License/Certificate: _____

Has any disciplinary action ever been taken against you by the issuing authority?

Yes No

If yes, please explain.

15. Have you ever held public office?

Yes No

If yes, please provide the details, including the office(s) involved, whether elected or appointed, and the length of your service.

16. Have you ever served on an appointed board, commission, committee or council?

Yes No

If yes, please provide details.

[Empty text box for providing details]

If yes, how frequently were meetings scheduled?

[Empty text box for frequency of meetings]

If you missed any regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

[Empty text box for missed meetings and reasons]

17. List all professional societies of which you are a member.

[Empty text box for listing professional societies]

18. List all fraternal, civic, and charitable organizations of which you are or have been a member within the past five (5) years.

19. Have you or any of your relatives (by blood or marriage) ever attended law school?

Yes No

If yes, please provide details.

20. Are you related by blood or marriage to:

Any person presently serving in public office?

Yes No

Any person serving with the Florida Board of Bar Examiners?

Yes No

If yes to either of the above questions, please explain below.

21. List three persons who have known you well (excluding relatives) within the past five (5) years and include the following information.

Full Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Day/Work Phone: _____ Mobile Phone: _____

Full Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Day/Work Phone: _____ Mobile Phone: _____

Full Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Day/Work Phone: _____ Mobile Phone: _____

22. State below, why you feel qualified to take on this time-consuming responsibility and expand on any special qualifications you have that you feel will assist the Board of Bar Examiners in its function.

CERTIFICATE

I have read the foregoing questions carefully and have answered them truthfully, fully, and completely.

If recommended for consideration to the Supreme Court for the position, I understand that a background investigation will be done. I hereby authorize the Florida Board of Bar Examiners or any of its committees to confirm statements made on this application and request the release of information from any educational institution, any judicial or professional disciplinary or supervisory body or commission, any references furnished by me, any employees or business and professional associates, and all consumer and credit reporting agencies.

I recognize and agree that this questionnaire and the entire file of the Florida Board of Bar Examiners relating to me may be subject to public disclosure if I am recommended for consideration to the Supreme Court of Florida.

Dated this _____ day of _____, 20 ____

Signature

OR

RETURN COMPLETED APPLICATION TO:

**EXECUTIVE DIRECTOR
THE FLORIDA BAR
651 EAST JEFFERSON STREET
TALLAHASSEE, FLORIDA 32399-2300
FAX: (850) 561-9405
EMAIL: SpecialApptApp@floridabar.org**