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**APPLICATION**  
*for*  
**APPOINTMENTS *to the***  
**FL CURED ADVISORY COUNCIL**

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**Center for Universal Research to Eradicate Disease**



## General Statement on Public Records

Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public or media upon request.

Some information is exempt from inspection and copying, for example social security numbers, medical records, et cetera. If a request is made to copy the applicant's information, the exempted information will be redacted. For more information, see section 119, *Florida Statutes*.

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### Exemption

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 Public Records Law. Please indicate what section of Florida Statutes provides this in your particular situation.*

\_\_\_\_\_ *F.S.*

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If you need additional guidance as to the applicability of any public records law exemption to your situation, please contact the office of the Attorney General.

Office of the Attorney General  
State of Florida  
The Capitol PL-01  
Tallahassee, FL 32399-1050  
(850) 414-3300



## **Center for Universal Research to Eradicate Disease**

### **Instructions for Submitting the Application for Appointment to the FL CURED Advisory Council**

This form may be typed or hand written. Mail completed signed and notarized forms to:

Executive Director  
Florida CURED  
FSU P.O. Box 3062671  
Tallahassee, FL 32306-2671

Phone: (850) 294-3141  
FAX: (850) 644-4701

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**Both the Application and Background Investigation Waiver must be  
notarized.**

# APPLICATION FOR APPOINTMENTS TO THE FL CURED ADVISORY COUNCIL

This form MUST BE COMPLETED IN FULL, SIGNED AND NOTARIZED. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

\_\_\_\_\_ Date Completed

## Personal Information

1. Name: \_\_\_\_\_  
MR./MRS./MS./DR. LAST FIRST MIDDLE/MAIDEN

2. Work address: \_\_\_\_\_  
STREET OFFICE # P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Residence address: \_\_\_\_\_  
STREET APT. OR UNIT # COUNTY  
CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Work  Residence

4. Email address: \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_

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

11. Your gender: Male  Female

12. Describe yourself within one or more of the categories below. This information is requested pursuant to section 760.80, Florida Statutes.

Caucasian African-American Hispanic-American Asian-American Native-American

Physically disabled Other \_\_\_\_\_

## Education

13. Education

A. High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

<u>NAME &amp; LOCATION</u>	<u>DATES ATTENDED</u>	<u>CERTIFICATES/DEGREES RECEIVED</u>

## Employment

14. 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.

<u>EMPLOYER'S NAME &amp; ADDRESS</u>	<u>TYPE OF BUSINESS</u>	<u>OCCUPATION/JOB TITLE</u>	<u>PERIOD OF EMPLOYMENT</u>

## Special Qualifications

15. List any past or present memberships of civic, professional, board, or political organizations, indicating leadership positions where appropriate.

<u>NAME OF ORGANIZATION</u>	<u>OFFICE(S) HELD</u>	<u>MEMBERSHIP START DATE</u>

16. State your experiences, awards, recognitions or special qualifications, including licensures, certifications or designations you hold, or other elements of your personal history that you believe are relevant to your being appointed to the FL CURED Advisory Council.

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17. Why do you wish to serve on this Advisory Council?

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18. 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

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19. Have you ever been employed by any federal, state, district, or local governmental agency? 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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### Ethical Disclosure

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

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

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23. 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

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24. A. 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 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

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B. Have members of your immediate family (spouse, child, parents, siblings), 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 MEMBER'S RELATIONSHIP TO YOU      FAMILY MEMBER'S RELATIONSHIP TO BUSINESS      BUSINESS' RELATIONSHIP TO AGENCY

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25. 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

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26. 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 of \$150 or less was paid? Yes  No

If "Yes," explain:

DATE                      PLACE                      NATURE                      DISPOSITION

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27. Are you now, or have you, within the last three years, been a member of any business, professional, occupational, civic or fraternal 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? Yes  No  If "Yes," explain:

NAME                      MAILING ADDRESS                      OFFICE(S) HELD & TERM                      DATE(S) OF MEMBERSHIP

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State the policies and practices of each above and if you intend to continue as a member if appointed to the advisory council:

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28. 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:

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29. Are you currently the object of an Equal Employment Opportunity Commission (E.E.O.C.) complaint or any civil action based upon discrimination in the workplace? Yes  No  If "Yes," explain:

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30. Have any judgments been entered against you based upon an E.E.O.C. complaint? Yes  No

31. 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  If "Yes," name what type and where:

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32. Are you now engaged in activities, or have you engaged in activities in the past that will reflect unfavorably on the board, commission, or council to which you seek appointment? Yes  No  If "Yes," explain:

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33. Is there anything that you were not questioned about in this application that you should make known to us at this time that might impugn your integrity, character and fitness for the position you are seeking?

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## References

34. List five persons who have known you well within the past 10 years. Include personal and professional references excluding relatives. If you have served on previous boards or councils, include at least one of the chairpersons or other officers of that board or council.

A. \_\_\_\_\_

NAME ADDRESS

TELEPHONE (AREA CODE) NUMBER

RELATIONSHIP

B. \_\_\_\_\_

NAME ADDRESS

TELEPHONE (AREA CODE) NUMBER

RELATIONSHIP

C. \_\_\_\_\_

NAME ADDRESS

TELEPHONE (AREA CODE) NUMBER

RELATIONSHIP

D. \_\_\_\_\_

NAME ADDRESS

TELEPHONE (AREA CODE) NUMBER

RELATIONSHIP

E. \_\_\_\_\_

NAME ADDRESS

TELEPHONE (AREA CODE) NUMBER

RELATIONSHIP

# 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)

# Authority for Release of Information (Background Investigation Waiver)

APPLICANTS FULL NAME: \_\_\_\_\_

MAIDEN NAME, IF APPLICABLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I hereby authorize any employee or authorized representative of the Florida Department of Health bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

Section 768.095, F.S., entitled "Employer immunity from liability disclosure of information regarding former or current employees" states:

An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

**Pursuant to section 943.13 (4), (5), and (7), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged, legally obtainable information.**

\_\_\_\_\_

**Applicant's signature Date**

## AFFIDAVIT

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission expires on \_\_\_\_\_, 20\_\_\_\_. Personally Known \_\_\_\_\_

or Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_