



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 – answer “none” or “not applicable” where appropriate.

All applications must be signed and witnessed by a Notary. Submit the original completed application via mail, email, or facsimile by the posted deadline to:

State University System of Florida, Board of Governors
200 West College Avenue
Tallahassee, FL 32301-0400
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

The following conditions exclude eligibility for appointment as a University Board of Trustee member.

Registered Lobbyist: No ☐ Yes ☐ **Dual Office Holding:** No ☐ Yes ☐

Authority:

Section 112.313(17), Florida Statutes, prohibits any citizen member of a university board of trustees from having any employment or contractual relationship as a legislative lobbyist requiring annual registration under section 11.045, Florida Statutes.

Article II, section 5(a) of the Florida Constitution prohibits any person from holding more than one office under the government of the state, counties, and municipalities at the same time, except for certain exclusions stated therein (notary public, military officer, member of a statutory body having only advisory powers, etc.)

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.

Rachel Kamoutsas
General Counsel and Corporate Secretary
State University System of Florida, Board of Governors
200 West College Avenue, Suite 209
Tallahassee, FL 32301
(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 ☐ Florida Poly ☐

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

Area Code/Phone

Cell Phone

3. **Current Employer or Occupation:** _____

Business Address: _____
Street Office#/Suite City State

Post Office Box

Suite

Zip Code

Area Code/Phone Number

E-mail Address

4. **Specify the preferred mailing address:** Business ☐ Home ☐ Fax # _____

5. **List all places of residence for the past five (5) years.**

Address

City and State

From

To

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

Address

City and State

From

To

***IF THE NOMINATION AND GOVERNANCE COMMITTEE SELECTS YOUR APPLICATION TO MOVE FORWARD FOR CONSIDERATION, YOU WILL BE REQUIRED TO SUBMIT YOUR DATE OF BIRTH, PLACE OF BIRTH, SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER AND ISSUING STATE IN ORDER TO CONDUCT A BACKGROUND SCREENING. YOU WILL RECEIVE A SEPERATE FORM TO FILL OUT REGARDING THIS INFORMATION FROM THE DIRECTOR OF UNIVERSITY TRUSTEE RELATIONS. THIS INFORMATION IS NOT SHARED WITH THE NOMINATION AND GOVERNANCE COMMITTEE. REFER TO ATTACHED NOTICE ON USE OF SOCIAL SECURITY NUMBERS.**

7. Have you ever been known by any other legal name? Yes ☐ No ☐ If "Yes" explain.

8. Are you a United States citizen? Yes ☐ No ☐ If "No" explain.

9. 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 ☐

12. 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 ☐ If "Yes" give details:

<u>Date</u>	<u>Place</u>	<u>Nature</u>	<u>Disposition</u>
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13. 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:

<u>Date</u>	<u>Nature of Violation</u>	<u>Disposition</u>
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14. Have you ever been suspended from any office by the Governor of the State of Florida?

Yes ☐ No ☐ If "Yes", list:

Title of Office: _____ Reason for Suspension: _____

Date of Suspension: _____ Result: Reinstated ☐ Removed ☐ Resigned ☐

15. 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", what type and where?

16. Have any judgments been entered against you as a result of any civil or administrative proceeding(s)? Yes ☐ No ☐ If "yes", identify the proceeding(s) that resulted in the judgment and the date the judgment was entered.

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

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

EDUCATION, LICENSURE, MEMBERSHIPS

19. Education

A. High School: _____ Year Graduated: _____
(Name and Location)

B. List all postsecondary educational institutions attended:

<u>Name and Location</u>	<u>Date Attended</u>	<u>Certificates/Degrees Received</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

21. 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, and/or disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>License/Certificate</u> <u>Title & Number</u>	<u>Original Issue Date</u>	<u>Issuing Authority</u>	<u>Disciplinary Action/Date</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

23. 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).

<u>Name</u>	<u>Mailing Address</u>	<u>Office(s) Held & Term</u>	<u>Date(s) of Membership</u>
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24. 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 ☐ If "yes", detail the name and nature of the organization, relevant 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

25. 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:

<u>Employer Name and Address</u>	<u>Type of Business</u>	<u>Occupation/Title</u>	<u>Period of Employment</u>
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26. Have you ever been employed by any state, district, or local government agency in Florida? Yes ☐ No ☐ If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment, and reason for leaving:

<u>Position</u>	<u>Employing Agency</u>	<u>Period of Employment</u>
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27. Have you ever been responsible or played a role in managing a business or other corporate entity? Yes ☐ No ☐ If "Yes", state the name of the business, the dates of your involvement, and provide a brief description of your involvement.

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

A. Dates of service:

B. Branch or component:

C. Date and type of discharge:

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

30. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes ☐ No ☐ If "Yes", list:

Title of Office:

Term of Appointment:

Confirmation results:

31. 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 or state):

<u>Office Title</u>	<u>Date of Election or Appointment</u>	<u>Term of Office</u>	<u>Level of Government</u>
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If your service was on an appointed board(s), committee(s) or council(s):

A. How frequently were meetings scheduled?

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

Meetings Attended

Meetings Missed

Reason for Absence

32. Have you ever served on any profit or not-for-profit board? Yes ☐ No ☐ If "Yes", state the title, date of appointment, length of service, and provide a brief description of your involvement.

33. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years? Yes ☐ No ☐ If "Yes", please explain:
A. Did you receive any compensation other than reimbursement for expenses? Yes ☐ No ☐
B. Name of agency or entity you lobbied and the principals you represented:

Agency Lobbied

Principals Represented

34. Describe your experiences and interests or elements of your personal history that qualify you for this appointment.

35. Describe your understanding of the role of a member of a university board of trustees.

CONFLICT OF INTEREST

36. Describe any involvement with and/or relationship to the university to which you are applying (other than as a student).

37. Have you, or any business of which you have been an owner, officer, or employee, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment? Yes ☐ No ☐ If "Yes", identify:

Name of Business

Your Relationship to Business

Business' Relationship to University

38. 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 ☐ If "Yes", explain:

<u>Name of Business</u>	<u>Family Member's Relationship to you</u>	<u>Family Member's Relationship to Business</u>	<u>Business' Relationship to University</u>
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39. 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 ☐ If "yes", explain:

REFERENCES

40. 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.

<u>Name</u>	<u>Mailing Address</u>	<u>Zip Code</u>	<u>Area Code/Telephone Number</u>
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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 Board of Governors' Statement on the Collection, Use or Release of Social Security Numbers.

Affiant's signature

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 the entity collects an individual's social security number. The collection of social security numbers by the Board of Governors is either specifically authorized by law or imperative for the performance of the Board's responsibilities as 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-4's and I-9s [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. To verify an alien's eligibility for employment, including I-9 [Authorized by 8 U.S.C. 1324 a(b) and 8 C.F.R. 274a.2]
3. For income tax withholding (including for annuity and sick leave)/payroll deductions on W-2's [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and Fla. Stat. §119.071(5) (a) 6]
4. For enrollment/participation in the Florida Retirement System (FRS) and contributions to FRS (Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19- 11.007 and Fla. Stat. §119.071(5) (a) 6 or required by Fla. Stat. §121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. § 119.071(5) (a) 6]
5. For Level 1 and level 2 criminal background checks conducted by the Florida Department of Law Enforcement for employees and/or Board appointees to university boards of trustees [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
6. For social security contributions [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. §119.071(5) (a) 6]
7. For income deduction notices for child support, alimony and child support, and for child support enforcement [Required by Fla. Stat. § 61.1301 (2) (e), 45 C.F.R. 307.11, or Fla. Stat. §§ 61.13, 742.10, 409.2563, 409.256, or 742.031]
8. For unemployment compensation benefits [Required by Fla. Stat. Ch. 443 and Fla. Stat. §119.071(5)(a)6]
9. Reports of worker's compensation injury or death [Required by Fla. Stat. § 440.185, Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]; and worker's compensation petitions for benefits and responses [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]
10. Vendors/Consultants for whom a federal tax identification number is not available.

[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. Authorization for direct deposit of funds by electronic or other medium to a payee's account [Required by Fla. Stat. § 119.071(5) (a) 6]
13. Tort claims and tort notices of claim against the Board of Governors [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a)]
14. Collection and/or disclosure is imperative or necessary for the performance of the Board's constitutional duties and responsibilities, including but not limited to collection of student and employee data from state universities. [Authorized by Sections 483 and 484 of the Higher Education Act of 1965, Art. IX, s. 7, Fla. Const., BOG Regulation 3.007, Fla. Stat. § 1001.706(4)(c), and Fla. Stat. § 119.071(5) (a) 6]
15. The disclosure of the social security number is expressly required by federal or state law or a court order [Authorized by Fla. Stat. § 119.071(5) (a) 6]
16. The individual expressly consents in writing to the disclosure of his or her social security number [Authorized by Fla. Stat. § 119.071(5) (a) 6]
17. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of Fla. Stat. § 119.071(5) [Authorized by Fla. Stat. § 119.071(5) (a) 6]