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STATE
UNIVERSITY
SYSTEM
of FLORIDA
Board of Governors

Application Form
University Board of Trustees Position
State University System of Florida

Name: English Robert F. Date Completed: 05/23/2012
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
325 W. Gaines Street, Suite 1614
Tallahassee, FL 32399-0400

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

~~**Presently serving as a county commissioner... Term ends November 1, 2012~~
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.

Vikki R. Shirley
General Counsel
State University System of Florida, Board of Governors
325 W. Gaines Street, Suite 1614
Tallahassee, FL 32399-0400
(850) 245-0466

PERSONAL INFORMATION

Name: English Robert F Date Completed: 05/23/2012
Last First Middle and/or Maiden

1. University Board of Interest: Are you applying for reappointment? Yes No
FAMU FAU FGCU FIU FPU PSU NCF UCF UF UNF USF UWF

2. Residence Address: [REDACTED] Lakeland FL Polk 33813
Street City State County Zip Code
(863) 709-0071 (863) 698-0401
Area Code/Phone Cell Phone

3. Current Employer or Occupation: Polk County Commissioner

Business Address: 330 West Church Street Bartow FL 33830
Street Office City State

P. O. Box 9005 Bartow FL 33831 (863) 534-6450
Post Office Box Suite Zip Code Area Code/Phone Number

R2english@aol.com
E-mail Address

4. Specify the preferred mailing address: Business Home Fax # (863) 709-0071

5. List all places of residence for the past five (5) years.
Address City and State From To
[REDACTED] Lakeland FL 1999 - 2012

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
221 Herman Avenue Lemoyne Pa 1968 1974

7. Date of Birth: [REDACTED] * Place of Birth: Frackville Pa *

8. Social Security No.: [REDACTED] *

9. Driver License No: [REDACTED] * Issuing State: FL *

***ALL INFORMATION MARKED WITH AN ASTERIK IS REQUIRED FOR CONDUCTING BACKGROUND SCREENING AND WILL BE REDACTED PRIOR TO DISTRIBUTION OF THE APPLICATION TO THE TRUSTEE NOMINATING COMMITTEE MEMBERS. REFER TO ATTACHED NOTICE ON USE OF SOCIAL SECURITY NUMBERS.**

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

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

12. If you are a naturalized citizen, date of naturalization: N/A

13. Since what year have you been a continuous resident of Florida? 1974

14. Are you a registered Florida voter? Yes No

15. 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.) Yes No If "Yes" give details:

<u>Date</u>	<u>Place</u>	<u>Nature</u>	<u>Disposition</u>
1981	Pinellas County	DUI	Paid Fine

16. 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>
N/A		

17. 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

18. 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?

19. 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.

20. 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.

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

EDUCATION, LICENSURE, MEMBERSHIPS

22. Education:

A. High School: Bishop McDevitt Harrisburg Pa Year Graduated: 1956
(Name and Location)

B. List all postsecondary educational institutions attended:

<u>Name and Location</u>	<u>Date Attended</u>	<u>Certificates/Degrees Received</u>
<u>Elizabethtown College</u> <u>Elizabethtown PA</u>	<u>1968 - 1971</u>	<u>BS Business Management</u>

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

Certified Sheet Metal Contractor...See below

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, 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>
<u>Certified</u> <u>Sheet Metal Contractor</u>	<u>1984</u>	<u>DBPR</u>	<u>None</u>

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

N/A

26. 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>
Kiwanis	Lakeland Fl		1984 - 2012

27. 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

28. 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>
Valiant Products	Mfg	CEO	1978 - 2012

29. 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>
County Commissioner	Polk County	2004-2012...Term Limited

30. Have you ever been responsible or played a role in managing a business or other corporate entity? Yes No "Yes", state the name of the business, the dates of your involvement, and provide a brief description of your involvement.

Founder of Valiant Products, Inc. - 1978 to present

CEO

31. Are you or have you ever been a member of the United States armed forces? Yes No

If "Yes" list:

A. Dates of service: 1956 - 1960

B. Branch or component: United States Coast Guard

C. Date and type of discharge: 1960 - Honorable

32. 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:

33. 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: _____

34. 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>
<u>County Commissioner</u>	<u>Nov 2004</u>	<u>8 years</u>	<u>County</u>

If your service was on an appointed board(s), committee(s) or council(s):

A. How frequently were meetings scheduled? N/A

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

41. 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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42. 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

43. 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>
Melony Bell	P. O. Box 9005 - BC 01 Bartow	FL 33831	(863) 534-6434
Sam Johnson	P. O. Box 9005 - BC 01 Bartow	FL 33831	(863) 534-6049
Ed Smith	P. O. Box 9005 - BC 01 Bartow	FL 33831	(863)534-6050

CERTIFICATION

STATE OF Florida

COUNTY OF Polk

Before me, the undersigned authority, personally appeared Robert F. English 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.

[Signature]
Affiant's signature

Sworn to and subscribed before me on this 23rd day of May, 2012, by

Robert F. English

[Signature]
(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
(Master Document - Revised August 2010)**

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.

Applicants for University Board of Trustee Positions

- 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]
- 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]
- 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]