

STATE OF FLORIDA
DEPARTMENT OF AGRICULTURE AND
CONSUMER SERVICES



WILTON SIMPSON
COMMISSIONER

OFFICE OF THE COMMISSIONER
QUESTIONNAIRE FOR APPOINTMENT



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES COMMISSIONER WILTON SIMPSON

MEMORANDUM

TO: Prospective Appointees

FROM: Office of the Commissioner, External Affairs
PL-10 The Capitol, 400 South Monroe Street
Tallahassee, Florida 32399-0800
Office (850) 617-7700, ExternalAffairs@FDACS.gov

SUBJECT: Questionnaire for Appointment

The completion of this questionnaire is required for all prospective appointees to advisory boards, councils, authorities, or committees with decision making responsibilities. Please complete the questionnaire and return to the Office of External Affairs via email or mail as soon as possible.

The first part of the questionnaire is to be used to comply with reporting minority representation on boards, commissions, and committees pursuant to section 760.80, Florida Statute. The second section is information needed for determining your qualifications for the desired appointment and basic background information.

Thank you for taking time to fill out the questionnaire. If you have any questions, do not hesitate to contact Katherine Goletz, Director of External Affairs at (850) 617-7700.

Thank you in advance for your cooperation.



Florida Department of Agriculture and Consumer Services
Office of the Commissioner

QUESTIONNAIRE FOR APPOINTMENT

**WILTON SIMPSON
COMMISSIONER**

Phone: (850) 617-7700; Fax: (850) 617-7744

The information from this page has been requested and will be used exclusively by the Florida Department of Agriculture and Consumer Services, Office of the Commissioner.

Date: _____

Name: _____

Appointment of Interest: _____

Current Employer and Occupation: _____

Are you applying for reappointment: Yes No

If "Yes", date of original appointment: _____

*Do you have a disability? Yes No

Please explain: _____

*Sex: Male Female

*Race: White Native-American/Alaskan Native
 Hispanic-American Asian/Pacific Islander
 African-American Other

Do you currently, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged based on race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if the Commissioner of Agriculture appoints you:

Cellular Telephone Number: _____

Email Address: _____

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

II. QUESTIONNAIRE FOR APPOINTMENTS

The questionnaire must be completed in full. Answer "none" or "not applicable" where appropriate.

Date: _____

Name: _____

Appointment of Interest: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Fax: _____

Date of Birth: _____ Place of Birth: _____

1. Are you a registered Florida voter? Yes No County: _____

2. Have you ever been convicted of a felony or first degree misdemeanor? Yes No

If "Yes" please explain: _____

3. Please describe your professional and or educational background, experience and or personal history that qualify you for this appointment: _____

4. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No

If "Yes", list: _____

5. Identify all association membership and association offices held by you that relate to this appointment: _____

6. 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

If "Yes" please explain: _____

7. 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" please explain: _____

8. Please describe why you are seeking this appointment:

By signing and submitting this application, I agree that the foregoing information is true and accurate to the best of my knowledge.

Signature

Date