



## APPLICATION FOR PUBLIC MEMBER ON THE BOARD OF GOVERNORS

Date: \_\_\_\_\_

### General

- Name:** \_\_\_\_\_  
Email Address: \_\_\_\_\_
- Residential Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Business Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Place of Birth:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
- How long have you been a resident of the State of Florida?** \_\_\_\_\_
- Provide the name of your spouse/significant other (if applicable):** \_\_\_\_\_
- Provide a list of all your children, with name and age (if applicable):**

Name

Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Military Service (including Reserves):**

<u>Service</u>	<u>Branch</u>	<u>Highest Rank</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Rank at time of discharge: \_\_\_\_\_

Awards or Citations: \_\_\_\_\_

**Education**

**9. (a) Secondary schools and colleges/universities attended:**

<u>School</u>	<u>Dates of Attendance</u>	<u>Degree(s) Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(b) List and describe academic achievements and awards:**

## Employment

10. (a) Describe all employment experience for the past ten (10) years in detail, beginning with your current or most recent job.

Date(s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Brief Description:

Date(s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Brief Description:

Date(s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Brief Description:

Date(s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Brief Description:

Date(s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Brief Description:

**(b) Summarize your work experience:**

**11. If you are now an officer or director of any business organization or otherwise engaged in the management of any business enterprise, please provide the details, including the name of the enterprise, the nature of the business, the title of your position, and the term of your service.**

## Honors and Publications

12. List and describe any significant books/articles, speeches/lectures, honors, prizes or awards that would be helpful in evaluating your application.

## Professional and Other Activities

13. (a) List any volunteer service organizations, clubs or professional societies of which you are a member and provide the position(s)/title(s) which you have held in such groups.

(b) List your hobbies or other vocational interests.

14. Have you ever served on a public committee or commission?    Yes                      No

If yes, provide details.

15. Have you ever held a public office? Yes No

If yes, provide details, including the office(s) involved, whether you were appointed or elected, and the dates of service.

16. If related to any person, as listed below (a) through (d), by blood or marriage, provide the person's name.

- (a) Any person presently serving in public office? \_\_\_\_\_
- (b) Any person serving in any official capacity with The Florida Bar or the Florida Board of Bar Examiners? \_\_\_\_\_
- (c) Any lawyer? \_\_\_\_\_
- (d) Any person presently studying to become a lawyer? \_\_\_\_\_

**Reasons for Serving**

17. Describe any additional education or other experiences you have which could assist you in holding a position on the Board of Governors.

18. Explain why you want to serve on the Board of Governors, and include any particular potential contribution you believe your selection would bring to this position.

19. Provide any other information you feel would be helpful in evaluating your application.

**Miscellaneous**

20. Have you ever been convicted for violation of any federal, state, county or municipal law, regulation or ordinance?    Yes                      No

If yes, provide details. (Do not include traffic violations for which a fine of \$100.00 or less was imposed, unless it also included a jail sentence.)

21. Have you ever been a party to a lawsuit either as a plaintiff or as a defendant?

Yes                      No

If yes, please provide the style, case number, nature of the lawsuit, whether you were a plaintiff or defendant, and its disposition.

**22. Has there ever been a finding or probable cause or other citation issued against you or are you presently under investigation for a breach of ethics or unprofessional conduct by any court, administrative agency, or other professional group?    Yes                      No**

**If yes, provide details.**

**23. Describe any prior experience(s) with the law, a lawyer or the legal profession (i.e., jury duty, court proceedings, etc.). Provide the date(s) and a description.**

**Under penalty of perjury, I declare the foregoing facts are true, correct and complete.**

Signature \_\_\_\_\_



## References

**24. Provide the following information, for five (5) individuals who are in a position to comment on your qualifications and of whom inquiry may be made in evaluating your application.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

OR

**RETURN COMPLETED APPLICATION TO:**

**EXECUTIVE DIRECTOR**

**THE FLORIDA BAR**

**651 EAST JEFFERSON STREET**

**TALLAHASSEE, FLORIDA 32399-2300**

**FAX: (850) 561-9405**

**EMAIL: [pubmembogapp@floridabar.org](mailto:pubmembogapp@floridabar.org)**