

# Florida Board of Bar Examiners

Michele A. Gavagni  
Executive Director

## QUESTIONNAIRE FOR PUBLIC MEMBER VACANCY

1. List your full name: \_\_\_\_\_

2. Have you ever used or been known by any other legal name?

Yes            No

If yes, please explain.

3. Provide the following contact information.

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

4. List your current business name and address.

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

5. List your current residential address.

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

6. Date of Birth (Optional): \_\_\_\_\_

Gender (Optional): \_\_\_\_\_

7. Marital Status: Single      Married      Widowed      Divorced

Spouse's Name (if married): \_\_\_\_\_

If you have children, list their names and ages.

<u>Names</u>	<u>Ages</u>
_____	_____
_____	_____
_____	_____
_____	_____

8. List all previous residential addresses during the last five (5) years. Please begin with the most recent address.

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9. List each post-secondary educational institution attended, dates of attendance, areas of major study, and the degree(s) awarded, if any.

Educational Institution: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_  
Major(s): \_\_\_\_\_  
Degree(s): \_\_\_\_\_

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Degree(s): \_\_\_\_\_

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Major(s): \_\_\_\_\_  
Degree(s): \_\_\_\_\_

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Dates Attended: \_\_\_\_\_  
Major(s): \_\_\_\_\_  
Degree(s): \_\_\_\_\_

10. Are you or have you ever been a member of the armed forces of the United States? If yes, please list below.

Yes            No

Dates of Service: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_

Dates of Service: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_

11. 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 for \$150 or less was paid)?

Yes            No

If yes, please explain below.

12. List your work experience during the last five (5) years. Beginning with your current employer, list your employer's name, business address, type of business, your position title, and period(s) of employment.

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_  
Dates/Periods of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_  
Dates/Periods of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_  
Dates/Periods of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_  
Dates/Periods of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_  
Dates/Periods of Employment: \_\_\_\_\_

13. Are you currently an officer or director of any business organization or otherwise engaged in the management of any business enterprise?

Yes            No

If yes, provide details, including the name of the enterprise, the nature of the business, the title of your position, and the term of your service.

Business Name: \_\_\_\_\_  
Nature/Type of Business: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_  
Dates/Term of your Service: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Nature/Type of Business: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_  
Dates/Term of your Service: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Nature/Type of Business: \_\_\_\_\_  
Job/Position Title: \_\_\_\_\_  
Dates/Term of your Service: \_\_\_\_\_

14. Have you held or do you currently hold an occupational or professional license or certificate?

Yes            No

If yes, please provide the following information.

Type of License/Certificate: \_\_\_\_\_

License or Certification Number: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

Status of License/Certificate: \_\_\_\_\_

Has any disciplinary action ever been taken against you by the issuing authority?

Yes            No

If yes, please explain.

15. Have you ever held public office?

Yes            No

If yes, please provide the details, including the office(s) involved, whether elected or appointed, and the length of your service.

16. Have you ever served on an appointed board, commission, committee or council?

Yes            No

If yes, please provide details.

If yes, how frequently were meetings scheduled?

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

17. List all professional societies of which you are a member.

18. List all fraternal, civic, and charitable organizations of which you are or have been a member within the past five (5) years.

19. Have you or any of your relatives (by blood or marriage) ever attended law school?

Yes            No

If yes, please provide details.

20. Are you related by blood or marriage to:

Any person presently serving in public office?

Yes            No

Any person serving with the Florida Board of Bar Examiners?

Yes            No

If yes to either of the above questions, please explain below.



21. List three persons who have known you well (excluding relatives) within the past five (5) years and include the following information.

Full Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

22. State below, why you feel qualified to take on this time-consuming responsibility and expand on any special qualifications you have that you feel will assist the Board of Bar Examiners in its function.

## **CERTIFICATE**

I have read the foregoing questions carefully and have answered them truthfully, fully, and completely.

If recommended for consideration to the Supreme Court for the position, I understand that a background investigation will be done. I hereby authorize the Florida Board of Bar Examiners or any of its committees to confirm statements made on this application and request the release of information from any educational institution, any judicial or professional disciplinary or supervisory body or commission, any references furnished by me, any employees or business and professional associates, and all consumer and credit reporting agencies.

I recognize and agree that this questionnaire and the entire file of the Florida Board of Bar Examiners relating to me may be subject to public disclosure if I am recommended for consideration to the Supreme Court of Florida.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature

OR

### **RETURN COMPLETED APPLICATION TO:**

**EXECUTIVE DIRECTOR  
THE FLORIDA BAR  
651 EAST JEFFERSON STREET  
TALLAHASSEE, FLORIDA 32399-2300  
EMAIL: [SpecialApptApp@floridabar.org](mailto:SpecialApptApp@floridabar.org)**