

**Please return application to:**  
Office of the City Treasurer-Clerk  
City of Tallahassee  
300 South Adams Street, Box A-32  
Tallahassee, Florida 32301

[AdvisoryBoards@talgov.com](mailto:AdvisoryBoards@talgov.com)  
or FAX: 891-8549

## ETHICS BOARD APPLICATION



City Treasurer-Clerk's Office  
Telephone: 891-8131

**Name:**

**Date:**

**Work Phone:**

**Home Phone:**

**Cell Phone:**

**Email:**

**Occupation:**

**Employer:**

*Please check box for preferred mailing address.*

Work Address:

City/State/Zip Code:

Home Address:

City/State/Zip Code:

*The City of Tallahassee strives to ensure that all City Boards/Committees are representative of the community's demographic makeup. To assist in this endeavor, please check the appropriate Race and Gender box.*

**Race:**  American Indian or Alaskan Native  
 Asian or Pacific Islander

Black  
 Hispanic

Other  
 White

**Gender:**  Female  
 Male

*Please also note if you are physically challenged.*  Yes  No

Florida law requires that members of certain boards/committees file a financial disclosure form. Are you willing to serve on such a board?

Yes  No

Identify any potential conflicts of interest that might occur were you to be appointed:

Are you a registered elector of the City of Tallahassee?  Yes  No

Are you an employee or officer of the City of Tallahassee?  Yes  No

Can you regularly attend meetings?  Yes  No  
Conflicts:

## ETHICS BOARD APPLICATION

**Education:**

\_\_\_\_\_

(College /University attended)

\_\_\_\_\_

(Degree received, if applicable)

\_\_\_\_\_

(Graduate School attended)

\_\_\_\_\_

(Degree received, if applicable)

Please provide biographical information about yourself (attach a resume, if available). Identify previous experience on other boards/committees, charitable/community activities and skills or services you could contribute to this committee.

Specifically describe your experience dealing with government policy and oversight. Also, please describe your experience with ethics policies or guidelines, whether government or otherwise.

**References:**

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

## ETHICS BOARD APPLICATION

**EXEMPTION FROM PUBLIC RECORDS DISCLOSURE:**

Are you a current or former law enforcement officer, other covered employee<sup>1</sup> or the spouse or child of one who is exempt from public records disclosure under §119.07, Florida Statutes? Yes  No

<sup>1</sup>Other covered jobs include correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement and certain investigators in the Department of Children and Families, human resources, labor relations, or employee relations directors, assistant directors, managers, or assisted managers and their spouses and children, code enforcement officers and their spouses and children. (See §119.07, F.S.).

**A CRIMINAL HISTORY INFORMATION SCREENING** may be conducted on selected applicants. If your answers to the questions below do not accurately and completely reflect your criminal history, you may be eliminated from further consideration for the vacancy.

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state or federal agency so that you can report accurate information on your criminal history. A "Yes" answer to any question(s) will not automatically bar you from service; however, the nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

- (1) Have you ever been convicted of a felony or a first-degree misdemeanor? Yes  No
- (2) Have you ever had the adjudication of guilt withheld for a felony or a first-degree misdemeanor? Yes  No

If you answered "Yes" to one of the above questions, please complete the following information regarding each and every felony and/or first-degree misdemeanor:

CHARGE	DATE OF DISPOSITION	COUNTY/STATE

**All statements and information provided in this application are true to the best of my knowledge.**

**Signature:** \_\_\_\_\_  
 (Typed name is acceptable if returning this application via email).