



**Early Learning Coalition of Miami-Dade/Monroe
Board of Directors Membership
Questionnaire**

The information from this page has been requested and will be used exclusively by the Early Learning Coalition of Miami-Dade/Monroe.

The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate.

_____ Date Completed

Name: _____
 MR./MRS./MS./DR. FIRST LAST MIDDLE/MAIDEN

Section 1- General Information

List all your places of residence for the last ten (10) years.

| Address | City & State | Dates: From / To |
|---------|--------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List all your former and current residences outside of Florida that you have maintained at any time during adulthood

| Address | City & State | Dates: From / To |
|---------|--------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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:

| Date | Place | Nature | Disposition |
|-------|-------|--------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Section 2- Education and Background

High School: _____ Year Graduated: _____
 (Name) (Location)

List all postsecondary education institutions attended:

| Name | Dates | Degree Received |
|-------|-------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

If "Yes" List:

Dates of service: _____

Branch or Component: _____

Date & type of discharge: _____

Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| Employer's Name & Location | Type of Business | Occupation Title | Period |
|----------------------------|------------------|------------------|--------|
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| | | | |
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Have you ever been employed by any state, district, or local governmental agency in Florida?
 Yes ___ No ___

If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| Position | Employing Agency | Period of Employment |
|----------|------------------|----------------------|
| | | |
| | | |
| | | |

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:*

Have you ever been elected or appointed to any public office in this state? Yes _____ No _____

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

| Office Title | Dates in Office | Level of Government | Election or Appointment |
|--------------|-----------------|---------------------|-------------------------|
| | | | |
| | | | |
| | | | |

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

- (1) How frequently were meetings scheduled: _____

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

| Meetings Attended | Meetings Missed | Reason for Absence |
|-------------------|-----------------|--------------------|
| | | |
| | | |
| | | |

Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes _____ No _____

If "Yes" give details:

| Date | Nature of Violation | Disposition |
|------|---------------------|-------------|
| | | |
| | | |
| | | |

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__

Have you ever been refused a fidelity, surety, performance, or other bond? Yes ___ No ___

If "Yes", explain:

| License/Certificate | Title/Number | Date Issued | Issuing Authority | Disciplinary Action/Date |
|---------------------|--------------|-------------|-------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

Section 3- Possible Conflicts of Interest

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you are seeking appointment?

Yes ___ No ___

If "Yes", explain:

| Name of Business | Your Relationship to Business | Business Relationship to Agency |
|-------------------------|--------------------------------------|----------------------------------------|
|-------------------------|--------------------------------------|----------------------------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you are seeking appointment?

Yes ___ No ___

If "Yes", explain:

| Name of Business | Relationship to You | Relationship to Business | Business Relationship to Agency |
|-------------------------|----------------------------|---------------------------------|----------------------------------------|
|-------------------------|----------------------------|---------------------------------|----------------------------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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____

(1) Did you receive any compensation other than reimbursement for expenses? Yes__ No__

(2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

| | |
|--|--|
| | |
| | |
| | |

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida’s public records and open meeting laws.

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. _____

Section 4- References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

Please list specifically any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment:

Please list any awards or recognitions you have received relating to the subject matter of this appointment: Please identify all association memberships and offices (including any business, professional, occupational, civic, or fraternal organizations) you have held or hold relating in the last 10 years:

Name of the Association

Role

Dates of Membership

| | | |
|--|--|--|
| | | |
| | | |
| | | |

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 will be appointed? Yes ____ No ____ *If "Yes", explain:*

List three persons who have known you well within the past five (5) years. Include a current telephone number. Exclude your relatives and members of the Florida Senate.

Name

Organization

Phone Number

In the following space, please explain why you want to serve as a board member and share anything else that you think may be helpful:

Section 5- Certification and Signature

____ I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment to the Board of Directors. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief.

____ By checking this box and typing my name below I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/ _____
First Name Middle Initial Last Name Suffix

If you have any questions, please call (305)-646-7220 ext. 2246 or email lsanabria@elcmdm.org