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**Application**  
*for*  
**Public Counsel**

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# PUBLIC COUNSEL APPLICANT INFORMATION



Joint Committee on Public Service Commission Oversight  
Attn: Sara Golding  
308 House Office Building  
402 South Monroe Street  
Tallahassee, Florida 32399-1300

## IMPORTANT INFORMATION AND INSTRUCTIONS

- The position of Public Counsel is full-time with headquarters in Tallahassee, Florida.
- In order to be considered for this vacancy, applicants must submit an official Public Counsel application.
- **The original signed application form with attachments** (including transcripts, resumes, letters of endorsement and other addenda) **must be submitted to the Joint Committee's Office at the address reflected above.**
  - The application must be completed in its entirety, signed, and dated. Incomplete applications will be returned and will not be processed.
  - Applications **MUST** be received in the Joint Committee's Office no later than **5:00 p.m. on Wednesday, September 26, 2007**, in order to be considered.

# Application for Public Counsel

The information from this application will be used by the Joint Committee on Public Service Commission Oversight. The application **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

Florida Bar # \_\_\_\_\_

(mm/yy) Admitted \_\_\_\_\_

\_\_\_\_\_ Date Application Completed

1. Name: \_\_\_\_\_  
MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN

2. Have you ever used or been known by any other legal name? Yes  No   
If "Yes," please list all such other names and explain.

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

3. Business Address: \_\_\_\_\_  
STREET OFFICE # CITY

POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

4. Residence Address: \_\_\_\_\_  
STREET CITY COUNTY

POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address for mail related to this application:

Business  Residence  Fax # \_\_\_\_\_  
(optional)

5. List all your places of residence for the last five (5) years.

ADDRESS	CITY & STATE	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Are you a United States citizen? Yes  No

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

7. Education

A. High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

NAME & LOCATION DATES ATTENDED CERTIFICATES/DEGREES RECEIVED

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**A COPY OF YOUR COLLEGE TRANSCRIPT MUST BE SUBMITTED WITH THE COMPLETED APPLICATION.**

8. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No   
If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE ORIGINAL  
TITLE & NUMBER ISSUE DATE ISSUING AUTHORITY DISCIPLINARY ACTION/DATE

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9. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of service: \_\_\_\_\_

B. Branch or component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

10. Please provide the following information concerning your employment history beginning with your current employer. Please attach additional sheets as necessary.

Name of Present or Last Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ TO \_\_\_\_\_

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

Supervisor:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ ( ) Part Time ( ) Full Time ( ) Volunteer

Position Title: \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ TO \_\_\_\_\_

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

Supervisor:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ ( ) Part Time ( ) Full Time ( ) Volunteer

Position Title: \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Primary Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_



Name of Present or Last Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ TO \_\_\_\_\_

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

Supervisor:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ ( ) Part Time ( ) Full Time ( ) Volunteer

Position Title: \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Primary Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_

11. Have you ever been employed by any state, district, or local governmental agency in Florida that you have not identified in response to #10, above? 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", provide the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal).

OFFICE TITLE	DATE OF ELECTION OR APPOINTMENT	TERM OF OFFICE	LEVEL OF GOVERNMENT
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- B. 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
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13. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

- A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_
- B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

14. Have you ever been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

- A. Title of Office: \_\_\_\_\_
- B. Term of Appointment: \_\_\_\_\_
- C. Confirmation results: \_\_\_\_\_

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

DATE	NATURE OF VIOLATION	DISPOSITION
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16. 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
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17. Have you pleaded nolo contendere to, or been convicted of, a first degree misdemeanor or a felony in any court, domestic or foreign?    Yes               No

A "Yes" answer to these questions will not necessarily preclude you from appointment. Each case will be judged on its own merit, with respect to time, circumstances, and seriousness.

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A "Yes" answer to these questions will not necessarily preclude you from appointment. Each case will be judged on its own merit, with respect to time, circumstances, and seriousness.

18. Have you ever been found guilty in any civil proceeding with conduct involving moral turpitude, dishonesty, and/or unethical conduct?    Yes               No               If "Yes", give particulars:

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19. Have you ever been refused a fidelity, surety, performance, or other bond?    Yes               No               If "Yes", explain:

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20. A. 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 of Public Counsel?    Yes               No               If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>YOUR RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP TO AGENCY</u>
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- B. 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 of Public Counsel?    Yes               No               If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP TO AGENCY</u>
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21. 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":

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

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

AGENCY LOBBIED

PRINCIPAL REPRESENTED

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

NAME

MAILING ADDRESS

ZIP CODE

AREA CODE/PHONE NUMBER

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23. Do you know of any reason why you will not be able to attend fully to the duties of the Public Counsel including compliance with the restrictions set forth in s. 350.061(3), Florida Statutes?

Yes  No

If "Yes", explain:

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24. Will you file financial disclosure statements as required by s. 112.3145, Florida Statutes? Yes  No

25. If there is additional information that you believe is pertinent to your qualifications for the position of Public Counsel, please provide that information below. Please attach additional sheets as necessary.

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26. Are you legally entitled to work in the United States? Yes  No

SPECIAL NOTE: If you are not a U.S. citizen, you must attach a copy of an I-151 or similar documentation to confirm your eligibility for appointment to the Public Counsel.

Section 110.1128, Florida Statutes, requires male applicants between the ages of eighteen and twenty-six to provide proof of registration with the United States Selective Service as required by the Military Selective Service Act. If you are a male in this age group, please provide you date of birth and your Selective Service number.

Date of Birth: \_\_\_\_\_ Registration Number: \_\_\_\_\_

27. Please list the names and relationships of relatives\* who are a member of the Legislature, a legislative employee, a lobbyist, a member of the Florida Cabinet or the Governor, a key Cabinet aide, the head of an executive branch department or an appointed secretary or executive director.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office: \_\_\_\_\_

\* "Relative" is defined as: Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister.

## CERTIFICATION & WAIVER

I have read the foregoing questions carefully and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, any references furnished by me, employers, business and professional associates, all governmental agencies and instrumentalities and all consumer and credit reporting agencies to release to the Joint Committee on Public Service Commission Oversight and the Florida Department of Law Enforcement (FDLE) any information, files, records or credit reports requested by the Joint Committee or FDLE in connection with any consideration of me as a possible nominee for appointment to the Office of Public Counsel.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public-State of Florida

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known  **OR** Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC... IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

Yes, I assert that identifying information provided in this application should be excluded from inspection under Public Records Law. Please indicate what section of Florida Statutes provides this in your particular situation.

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IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE JOINT COMMITTEE ON PUBLIC SERVICE COMMISSION OVERSIGHT.

Joint Committee on Public Service Commission Oversight  
Attn: Sara Golding  
The Florida Legislature  
308 House Office Building  
402 South Monroe Street  
Tallahassee, FL 32399-1300  
Phone: (850) 488-7024