



## **JACKSONVILLE ETHICS COMMISSION Commission Member Appointment Application**

The Jacksonville Ethics Commission is currently accepting applications for a forthcoming vacancy on the Ethics Commission. The Ethics Commission has a long, distinguished history in the City of Jacksonville of ensuring transparent and open government for the citizens. Among its many outstanding accomplishments, the Ethics Commission has drafted and implemented the Jacksonville Ethics Code and successfully assisted in the establishment of an independent Office of Ethics, Compliance and Oversight that is primarily responsible for administering the Ethics Code.

Per Section 602.921 of the Jacksonville Ethics Code, the Ethics Commission has the following powers and duties:

- (a) Receive, and to investigate and issue findings with regard to any sworn written complaint alleging a violation of the Jacksonville Ethics Code or by a complaint initiated by a minimum vote of six members of the Commission alleging a violation of the Ethics Code.
- (b) Provide assistance and input into the management and coordination of the training and education of local officers and employees in state and local ethics laws, as well as all public records and sunshine law training throughout the government.
- (c) Upon employee or citizen complaint, or its own initiative, seek information and gather facts for the purpose of reviewing any circumstance or situation of which the Commission may become aware that appears to violate or may potentially violate an acceptable standard of ethics conduct for City officers and employees as delineated in Section 1.202(d) of the Charter.
- (d) Levy civil fines or penalties authorized in the Jacksonville Ethics Code for violations of the City's Ethics Code; and
- (e) Act as the hiring committee, subject to Council confirmation, for the executive director of the Ethics Oversight and Compliance Office.

The Ethics Commission is comprised of nine (9) members appointed by either designated City of Jacksonville governmental officials or the Ethics Commission. The Ethics Commission is responsible for selecting three (3) of the nine (9) Commission members. This application is for the selection of a new member by the Ethics Commission.

If you are interested in potentially being selected by the Ethics Commission to serve on the Commission, please complete the following application per the instructions below.

## **Instructions for Submission of Application:**

This application form may be typed, hand written, or filled out online. However, all applications must be submitted in digital form in compliance with the instructions below. Applications that do not comply with the instructions below will not be considered by the Ethics Commission.

To properly submit your application, you must complete the following steps:

1. Scan and e-mail completed, signed and notarized application and current RESUME to Kirby Oberdorfer, Deputy Director of the Office of Ethics, Compliance and Oversight, at [koberdorfer@coj.net](mailto:koberdorfer@coj.net) by no later than November 14, 2016 at 12:00 p.m.
2. Bring the original completed, signed and notarized application and copy of RESUME to your interview that will be scheduled during the Nominating committee meeting on November 16, 2016 at 4:00-6:00 p.m.

Please contact Ms. Oberdorfer per the information below if you have any questions regarding the application or the selection process.

Office of Ethics, Compliance and Oversight  
117 W. Duval Street  
Suite 225  
Jacksonville, FL 32202  
Telephone: (904) 630-4747  
[koberdorfer@coj.net](mailto:koberdorfer@coj.net)

The Application / Background Investigation Waiver must be notarized and accompany a current Resume.

## APPLICATION FOR ETHICS COMMISSION APPOINTMENT

**Note: all data on this form will become public record and can be released; if you have a concern about this, please contact the Ethics Office**

This form must be completed in full, signed, notarized and accompany a current resume.

1. Board(s) of Interest: **Jacksonville Ethics Commission** (Section 602, Part 9, *Ordinance Code*)
2. How did you hear / learn about this appointment opportunity? \_\_\_\_\_

### Personal Information

3. Name: \_\_\_\_\_  
Dr./Mr./Mrs./Ms. First Middle/Maiden Last Suffix(Jr./Sr./III/etc.)

4. Residence: \_\_\_\_\_  
Street City County Zip Code

Post Office Box City County Zip Code

Telephone: (area code) number Mobile: (area code) number

5. Business: \_\_\_\_\_  
Business Name

Street City County Zip Code

Post Office Box City County Zip Code

Telephone: (area code) number FAX: (area code) number

6. Email Address: \_\_\_\_\_

7. To which address do you prefer correspondence regarding this application be sent? ☐ Residence ☐ Business  
☐ Email

8. Is your address exempt from Chapter 119, *Florida Statutes*, regarding Public Records? ☐ Yes ☐ No

If yes, please explain and please do not list your address on this form: \_\_\_\_\_

9. Your Gender: ☐ Male ☐ Female

10. Describe yourself within one or more of the categories below. This information is requested pursuant to Section 760.80, *Florida Statutes*.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Caucasian         | <input type="checkbox"/> Asian American  | <input type="checkbox"/> physically disabled |
| <input type="checkbox"/> African American  | <input type="checkbox"/> Native American |  |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> American woman  |  |

11. As of what date have you been a continuous resident of:

A. Duval County? \_\_\_\_\_

B. Florida? \_\_\_\_\_

Month/Day/Year

Month/Day/Year

IF YOU ARE NOT A RESIDENT OF DUVAL COUNTY, YOU ARE NOT ELIGIBLE TO BE ON THE COMMISSION.

12. Are you a U.S. Citizen? ☐ Yes ☐ No

13. Are you registered to vote in Florida? ☐ Yes ☐ No If yes, County of Registration: \_\_\_\_\_

### Education

14. High School: \_\_\_\_\_  
Name City State

15. Postsecondary Institutions:

| <u>Name and Location</u> | <u>Dates Attended</u> | <u>Certificate/Degree Earned</u> |
|--------------------------|-----------------------|----------------------------------|
| _____                    | _____                 | _____                            |
| _____                    | _____                 | _____                            |
| _____                    | _____                 | _____                            |

### Employment

16. Provide the requested information for all employers within the last five years, beginning with the most current. **Please elaborate in your attached resume.**

A. \_\_\_\_\_  
Employer Address

\_\_\_\_\_

| Type of Business | Occupation/Job Title | Dates of Employment |
|------------------|----------------------|---------------------|
|------------------|----------------------|---------------------|

B. \_\_\_\_\_  
Employer Address

\_\_\_\_\_

| Type of Business | Occupation/Job Title | Dates of Employment |
|------------------|----------------------|---------------------|
|------------------|----------------------|---------------------|

C. \_\_\_\_\_  
Employer Address

\_\_\_\_\_

| Type of Business | Occupation/Job Title | Dates of Employment |
|------------------|----------------------|---------------------|
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### Special Qualifications

17. A. Three (3) of the nine (9) appointments to the Ethics Commission are required to be **appointed by the Ethics Commission**. The **only qualification is that the Ethics Commission appointee has been a registered voter in Duval County for six (6) months** prior to introduction of his/her nomination for confirmation. **This is the position for which the Ethics Commission is currently soliciting applications.**

B. The other six (6) of the nine (9) appointments to the Ethics Commission are required to be **appointed by each of the following City of Jacksonville governmental officials** (one for each): the Mayor, the President of the Council, the Sheriff, the Chief Judge for the Fourth Judicial Circuit, the State Attorney for the Fourth Judicial Circuit, and the Public Defender for the Fourth Judicial Circuit. Each of the Ethics Commission members appointed by the designated City of Jacksonville governmental officials are required to have one or more of the following qualifications: (1) an attorney; (2) a certified public accountant with forensic audit experience; (3) a former elected official; (4) a former judge; (5) a higher education faculty member or former faculty member with experience in ethics; (6) a former law enforcement official with experience in investigating public corruption; (7) a corporate official with a background in

human resources or ethics; (8) a former board member of a City of Jacksonville independent authority; or a (9) former government executive with ethics experience.

**In the event you are not selected by the Ethics Commission for appointment to the Commission, your application will be kept on file with the Office of Ethics, Compliance and Oversight for possible consideration by the designated City of Jacksonville governmental officials for their respective Ethics Commission appointments.**

**C. Please select which of the following qualifications are applicable to you, and describe. If you qualify for more than one, please check all applicable qualifications:**

- ☐ attorney
- ☐ CPA with forensic audit experience
- ☐ former elected official (what/when)
- ☐ former judge
- ☐ higher education faculty member
- ☐ higher education faculty, former, with ethics experience
- ☐ former law enforcement with experience in investigating public corruption
- ☐ corporate HR or ethics experience
- ☐ former Board member of a COJ Independent Authority
- ☐ former government executive with ethics experience
- ☐ registered voter of Duval County for six months (prior to the introduction of nomination for confirmation)

**If one of these categories is checked; please provide details:**

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List any other special qualifications you think are relevant to your appointment to the Ethics Commission, including any type of licensure or certification you hold, as well as any civic, professional, or political organization to which you belong. **Please elaborate in your attached resume.**

| <u>Type or Name of License or Certificate</u> | <u>Number</u> | <u>Granting Agency</u> | <u>Date Granted</u> |
|---|---------------|------------------------|---------------------|
|   |               |                        |                     |
|   |               |                        |                     |
|   |               |                        |                     |

| <u>Name of Civic, Professional or Political Organization</u> | <u>Office(s) Held</u> | <u>Membership Dates</u> |
|--|-----------------------|-------------------------|
|  |                       |                         |
|  |                       |                         |
|  |                       |                         |

18. Give any additional information you believe is relevant to your appointment to the Ethics Commission. **Please elaborate in your attached resume.** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Ethical Disclosure

19. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past four years? ☐ Yes ☐ No

If yes, did you receive compensation other than reimbursement for expenses? ☐ Yes ☐ No

Agency Lobbied

Principal(s) Represented

Dates

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20. Has probable cause ever been found that you were in violation of:

A. Part III, Chapter 112, *Florida Statutes*, the Code of Ethics for Public Officers and Employees? ☐ Yes ☐ No

B. Chapter 602, *Jacksonville Municipal Code*, the Jacksonville Ethics Code? ☐ Yes ☐ No

If yes to either above, please provide:

Date

Nature of Violation

Disposition

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21. Have you ever been suspended from any public office or appointment? ☐ Yes ☐ No

If yes, please provide:

Title of Office

Date of Suspension

Reason for Suspension

Result (Reinstated/Removed)

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22. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law or ordinance? (Exclude traffic violations for which a fine of \$150 or less was paid.) ☐ Yes ☐ No

If yes, please provide:

Date

Place

Nature of Violation

Disposition

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

If yes, please provide:

Type of Bond

Insurer or Bond

Date

Reason(s) Given

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24. Do you know any reason why you would not be able to attend fully to the duties of the office or position to which you may be appointed? ☐ Yes ☐ No

If yes, please explain:

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## History of Service

25. Have you ever been elected to any public office in Florida? ☐ Yes ☐ No  
If yes, please provide:

Office Title

Date of Election

Term of Office

Level of Government

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26. Have you previously been appointed to any office that required confirmation by the Jacksonville City Council?  
☐ Yes ☐ No  
If yes, please provide:

Title of Office

Term of Appointment

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27. Have you ever been employed by any local governmental agency in Jacksonville/Duval County? ☐ Yes ☐ No  
If yes, please provide:

Position

Employing Agency

Dates of Employment

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28. If you served on an appointed board, commission, council, or committee, and missed any regularly scheduled meetings, please provide:

Number of Meetings Attended

Number of Meetings Missed

Reason for Absence(s)

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**AUTHORITY FOR RELEASE OF INFORMATION**  
(Background Investigation Waiver)

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APPLICANT'S FULL NAME: \_\_\_\_\_  
First Middle Last Suffix(Jr./Sr./III/etc.)

MAIDEN NAME, IF APPLICABLE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

I hereby authorize the release of personal information. A photocopy of this form will be as effective as the original. ***Pursuant to Sections 943.13 (4), (5), and (7), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

JSO use only:

*The following information will be deleted from public records:*

BIRTH DATE: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_  
Month/Day/Year City State Country

DRIVER LICENSE: \_\_\_\_\_  
Number State

SOCIAL SECURITY NUMBER: \_\_\_\_\_



## CERTIFICATION / AFFIDAVIT

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ who, after being duly sworn, says: (1) that he/she has carefully and personally reviewed the answers to the foregoing questions; (2) that the information is complete and true; (3) that he/she executed the foregoing instrument of his/her own free will and accord, with full knowledge of the purpose therefore, and (4) that he/she will, as appointee, uphold the Constitutions of the United States and of the State of Florida.

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

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, type, or stamp commissioned name

☐ Personally Known      OR      ☐ Produced Identification

\_\_\_\_\_  
Type of identification produced