STATE OF FLORIDA

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

NICOLE “NIKKI” FRIED
COMMISSIONER

OFFICE OF THE COMMISSIONER
QUESTIONNAIRE FOR PUBLIC CEREMONY HONOREES
MEMORANDUM

TO: Prospective Public Ceremony Honorees

FROM: Office of the Commissioner, External Affairs
       PL-10 The Capitol, 400 South Monroe Street
       Tallahassee, Florida 32399-0800
       Office: (850) 617-7700; Fax: (850) 617-7744

SUBJECT: Questionnaire for Public Ceremony Honorees

The completion of this questionnaire is required for prospective selectees to be honored at public ceremonies with the Florida Commissioner of Agriculture and Consumer Services. Please complete the questionnaire and return as soon as possible to Ed Rodriguez at ed.rodriguez@freshfromflorida.com.

The first section of the questionnaire is to request your permission to conduct a background check and collect the necessary information needed for it to be completed by Florida Department of Agriculture and Consumer Services staff. The second section asks for additional information we need to determine your qualifications for selection.

Thank you for taking the time to fill out the questionnaire. If you have any questions, do not hesitate to contact Ed Rodriguez in the Office of External Affairs at (850) 766-8582.

Thank you in advance for your cooperation.
I. REQUESTED INFORMATION FOR BACKGROUND CHECK

The information from this page is requested and will be used exclusively by the Florida Department of Agriculture and Consumer Services to conduct a background check.

Do We Have Your Permission to Conduct this Background Check?  ☐ Yes    ☐ No

☐ (Optional) I am a current or former member of the Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, who served after September 11, 2001. Pursuant to s. 119.071(5)(k), Florida Statutes, I request that my home address, telephone number, date of birth, and cell phone number (“identification and location information”) be exempt from public disclosure. I have made reasonable efforts to protect my “identification and location information” from being accessible through other means available to the public.

Full Name: ____________________________

Date of Birth: ____________________________

Current Employer and Occupation: ____________________________

*Sex:  ☐ Male  ☐ Female

*Race:  ☐ White  ☐ Native-American/Alaskan Native
☐ Hispanic-American  ☐ Asian/Pacific Islander
☐ African-American  ☐ Other

Cellular Telephone Number: ____________________________

Email Address: ____________________________

*This information will be used to inform for the requested background check and is not requested for the purpose of discriminating on any basis.
II. QUESTIONNAIRE FOR PROSPECTIVE HONOREES

The questionnaire must be completed in full. Answer "none" or "not applicable" where appropriate.

Date: __________________

Name: __________________________________________________

Ceremony of Interest: _______________________________________

Mailing Address: __________________________________________

City: ___________________ State: __________ Zip: ______

Phone: ________________ Fax: ________________

Email: ________________

Date of Birth: __________ Place of Birth: _________

1. Please describe your professional and/or educational background, experience and/or personal history that qualify you to be honored at this ceremony:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

2. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? □ Yes □ No

If "Yes", list:

____________________________________________________________________________________

____________________________________________________________________________________
3. Identify all association memberships and association offices held by you that may relate to this ceremony:


4. Do you know of any reason why you will not be able to be honored at this ceremony if selected?

   If "Yes" please explain:


5. Please describe why you are interested in being honored at this ceremony:


By signing and submitting this application, I agree that the foregoing information is true and accurate to the best of my knowledge.

__________________________________________  _____________
Signature                                      Date