



# CCE IMPARTIAL DECISIONMAKER APPLICATION

(Please type or print in ink)

## INSTRUCTIONS:

1. Promptly complete and return the application form. If you need an additional application, please call the number listed below or you may access it online at: \_\_\_\_\_.
2. Answer all questions pertinent to your experience **on the form**. Submission of a resume is optional.
3. Answer all questions truthfully. Your application will be removed from consideration or you will be dismissed from the registry if you provide false information.
4. When you have completed the application form, please send it to: ↓

Name of Area Agency on Aging: \_\_\_\_\_

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

Street or P.O. Box

City

State

Zip Code

Phone #: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Area Code/Phone # Area Code/Phone #

## APPLICANT INFORMATION:

Name: \_\_\_\_\_  
First Middle/Maiden Last

Address: \_\_\_\_\_  
Street Office #

City State Zip Area Code/Phone Number

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EDUCATIONAL BACKGROUND:

<u>School &amp; City/State</u>	<u>Degree/Major</u>	<u>Graduation Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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## EMPLOYMENT EXPERIENCE (Begin with most recent employment. Use additional sheets, as necessary):

<u>Employer &amp; City/State</u>	<u>Employment Dates</u>	<u>List of Primary Duties</u>

## LICENSURE & CERTIFICATIONS:

**Requirement:** Applicant must be in good standing with The Florida Bar.

<u>License/Certification</u>	<u>Number</u> Florida Bar #:	<u>Effective Date</u>	<u>Licensing/Certifying Entity</u> The Florida Bar

## GOVERNMENT CONTRACT EXPERIENCE:

**Requirement:** Do you have at least 5 years of professional experience in the practice of administrative law?

YES  NO

**Preference:** Do you have professional experience in government procurement procedures?

YES  NO

Please describe your experience, including the dates and capacity in which you served.

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### CONFLICT OF INTEREST:

1. Are you or any family member currently employed by the area agency on aging awarding the bid, or any lead agency or other agency that has filed a bid for lead agency designation with the area agency on aging awarding the bid?

YES  NO

If yes, please indicate below:

<u>Name</u>	<u>Relationship</u>	<u>Agency &amp; City/State</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. If you are designated as an impartial decisionmaker, you must certify to the area agency on aging at the time of each selection that you, or any family member, have not been involved in the award of the bid under protest. If you are selected and later discover during the dispute resolution process that you have a conflict of interest, you must notify the area agency on aging within 48 hours of knowledge of the conflict, excluding weekends or state holidays.

**Please list any other relevant skills, training, or experience, if any. (Use additional sheets, as necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **FALSE OFFICIAL STATEMENTS:**

Pursuant to Section 837.06, F.S., any person who “knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 755.082 or s. 755.083.”

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_