

EMPLOYMENT APPLICATION

ALACHUA COUNTY
12 S.E. 1st Street, 1st Floor
Gainesville, Florida 32602-2877
(352) 374-5219
http://humanresources.alachua.fl.us/

Received: 8/8/19 2:01 For Official Use Only:	A٨
QUAL:	
DNQ:	
□Experience	
□Training	
=Othor:	

Moritz, David W FY19-08532 CHARTER REVIEW COMMISSION			Other:			
PERSONAL INFORMATION						
POSITION TITLE: CHARTER REVIEW COMMISSION			EXAMID#: FY19-08532			
NAME: (Last, First, Middle)			SOCIAL SECURITY NUMBER	:		
Moritz, David W ADDRESS: (Street, City, State, Zi	p Code)		N/A EMAIL ADDRESS:			
927 Southwest 60 Terrace Apt. B,	Gainesville, Florida 32607-3691		davidmgf@ hotmail.com			
HOME PHONE: (352) 332-2385	ALTERNATE PHONE:		NOTIFICATION PREFERENC Email	E:		
DRIVER'S LICENSE: ■ Yes □ No	DRIVER'S LICENSE: State: FL		LEGAL RIGHT TO WORK IN	THE UNITED STATES?		
- 103 - NO	otato. 12		- 103 - NO			
	PREFEI	RENCES				
MINIMUM COMPENSATION: \$0.00 per year	ISATION: ARE YOU WILLING TO RELOCATE? "Yes "No "Maybe"					
WHAT TYPE OF JOB ARE YOU L		1	,			
TYPES OF WORK YOU WILL ACC	CEPT:					
SHIFTS YOU WILL ACCEPT: OBJECTIVE:						
OBSECTIVE.						
		ATION				
	Nothing Entered	For This S	ection			
WORK EXPERIENCE						
Nothing Entered For This Section						
OF DITIFICATES AND LLOPINGES						
CERTIFICATES AND LICENSES Nothing Entered For This Section						
Skills						
Nothing Entered For This Section						
ADDITIONAL INFORMATION						
Nothing Entered For This Section						
	DEELD	ENCES				
	KEFEK	LIVUES				

Nothing Entered For This Section

Job Specific Supplemental Questions

1. Please tell us your Occupation

Retired

Place of Employment

Retired

3. Education

Some College

4. Professional Organizations

nove

5. OPTIONAL - CHECK THE RACE/ETHNIC GROUP WITH WHICH YOU IDENTIFY:

White

6. Are you a resident of Alachua County?

Yes

7. If yes, how long?

Over 25 years

8. If no, what county do you live in?

Alachua County

9. Are you a registered voter of Alachua County?

Yes

10. Are you a member of the State Legislature or the Alachua County Board of County Commissioners?

No

11. Are you currently serving or have you ever served on an Alachua County advisory board?

Yes

12. If yes, please list board(s):

Alachua County Environmental Protection Advisory Committee

13. Have you ever served on a prior Charter Review Commission?

No

14. Civic and Professional Accomplishments/Honors:

None

15. Training or Experience Related to this Appointment:

7 years on County Advisory Committee - I am used to working with others to make reasoned decisions. Experience preparing a Petition to place a Charter Amendment to the Alachua County Charter (not related to CRC) on the ballot. Experience reviewing Alachua County Ordinances and making suggestions to improve them.

16. What Contributions do you feel you could make if you were selected to this Commission?

I believe in wise governance and strongly support the principles of Home Rule as embodied by the Alachua County Charter. I am ready and able to work with other commissioners to consider amendments to the County's Charter and recognize the magnitude of the task. I will carefully consider the potential impacts of the proposed amendments and work with the other commissioners to guarantee that those amendments which will improve Alachua County are approved to be placed on the ballot while those deemed harmful to the county are not.

Some of the boards and committees appointed by the County Commission are required to comply with Chapter 112,

17. Florida Statutes, the Financial Disclosure Law. If applicable, would you be willing to file the required financial statement?

Yes

18. I understand Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees".

Yes

19. Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?

Yes

I understand if you have a disability and need an accommodation in order to participate in a County program, service or public meeting, please contact the Equal Opportunity Office at 352-374-5275 at least 2 business days prior to the event. TDD users, please call 711 (Florida Relay Service).

Yes

21. I understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct

Yes

By clicking on the 'Accept' button, I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that this completed application is the property of Alachua County and will not be returned. I hereby certify that all statements made on this application are true and I agree and understand that any misstatements, misrepresentations or omissions of material facts herein may result in any offer of employment made by Alachua County to be withdrawn or my employment with Alachua County to be terminated. Alachua County is authorized to verify information contained in this application and any attachments. I authorize anyone having information to release it to Alachua County.

This application was submitted by David W Moritz on 8/8/19 2:01 AM
Signature
Date



EMPLOYMENT APPLICATION

ALACHUA COUNTY
12 S.E. 1st Street, 1st Floor
Gainesville, Florida 32602-2877
(352) 374-5219
http://humanresources.alachua.fl.us/

Schmidt, Scott T. FY19-08532 CHARTER REVIEW COMMISSION

Received: 6/20/19 4:55
PM
For Official Use Only:
QUAL:
DNQ:
□Experience
□Training
Other:

PERSONAL INFORMATION					
POSITION TITLE:			EXAMID#:		
CHARTER REVIEW COMMISSION			FY19-08532		
NAME: (Last, First, Middle)			SOCIAL SECURITY NUMBER:		
Schmidt, Scott T.			N/A		
ADDRESS: (Street, City, State, Z	ip Code)		EMAIL ADDRESS:		
2957 SW 39th Ave, Gainesville, F			scott@ theschmidtfirm.com		
HOME PHONE:	ALTERNATE PHONE:		NOTIFICATION PREFERENCE:		
(352) 615-7229			Email		
DRIVER'S LICENSE:	DRIVER'S LICENSE:		LEGAL RIGHT TO WORK IN THE UNITED STATES?		
■ Yes □ No	State: FL		■ Yes □ No		
		5511050			
	PREFE	RENCES			
MINIMUM COMPENSATION:			WILLING TO RELOCATE?		
\$0.00 per year		UYes UN	lo DMaybe		
WHAT TYPE OF JOB ARE YOU L	OOKING FOR?				
Regular	CEDT.				
TYPES OF WORK YOU WILL AC	CEPT:				
SHIFTS YOU WILL ACCEPT:					
Day, Evening, Night, Rotating, Weel	kends.On Call (as needed)				
OBJECTIVE:	(
	EDUC	ATION			
	Nothing Entered	l For This S	ection		
WORK EXPERIENCE					
Nothing Entered For This Section					
CERTIFICATES AND LICENSES					
Nothing Entered For This Section					
J. J. H.					
	Sk	ills			
Nothing Entered For This Section					
· · · · · · · · · · · · · · · · · · ·					
	ADDITIONAL	INFORMAT	ION		
Nothing Entered For This Section					
		SENIOFO.			
	REFER	RENCES			

Nothing Entered For This Section

Job Specific Supplemental Questions

1. Please tell us your Occupation

Attorney

2. Place of Employment

Schmidt Law Firm, PLLC (self-employed)

3. Education

Bachelor of Arts in Communications, Temple University Juris Doctor, Florida State University

4. Professional Organizations

Florida Bar Association Eighth Judicial Circuit Bar Association Florida Association of Criminal Defense Lawyers Real Estate, Probate, and Trust Section of Florida Bar Florida Bar Young Lawyers Division

5. OPTIONAL - CHECK THE RACE/ETHNIC GROUP WITH WHICH YOU IDENTIFY:

White

6. Are you a resident of Alachua County?

Yes

7. If yes, how long?

Four years.

8. If no, what county do you live in?

N/A

Are you a registered voter of Alachua County?

Yes

10. Are you a member of the State Legislature or the Alachua County Board of County Commissioners?

No

11. Are you currently serving or have you ever served on an Alachua County advisory board?

Yes

12. If yes, please list board(s):

Human Rights Board

13. Have you ever served on a prior Charter Review Commission?

No

14. Civic and Professional Accomplishments/Honors:

Best Advocate Award at Public Defender College Winner of James Miller Scholarship for FACDL Annual Meeting

15. Training or Experience Related to this Appointment:

Took a course in Local Government Law and, as a lawyer, I had exposure in numerous capacities to the intricacies of local ordinances.

16. What Contributions do you feel you could make if you were selected to this Commission?

The perspective I bring to the table is that of a young and progressive attorney and small businessperson. I understand the important and impactful role that local laws can have on the lives of citizens. I believe that our County can and should be a model of good governance and a leader in Florida.

Some of the boards and committees appointed by the County Commission are required to comply with Chapter 112,

17. Florida Statutes, the Financial Disclosure Law. If applicable, would you be willing to file the required financial statement?

Yes

18. I understand Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees".

Yes

19. Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?

Yes

I understand if you have a disability and need an accommodation in order to participate in a County program, service or public meeting, please contact the Equal Opportunity Office at 352-374-5275 at least 2 business days prior to the event. TDD users, please call 711 (Florida Relay Service).

Yes

21. I understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct

Yes

The following terms were accepted by the applicant upon submitting the online application:

By clicking on the 'Accept' button, I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that this completed application is the property of Alachua County and will not be returned. I hereby certify that all statements made on this application are true and I agree and understand that any misstatements, misrepresentations or omissions of material facts herein may result in any offer of employment made by Alachua County to be withdrawn or my employment with Alachua County to be terminated. Alachua County is authorized to verify information contained in this application and any attachments. I authorize anyone having information to release it to Alachua County.

This application was submitted by Scott T. Schmidt on 6/20/19 4:55 PM
Signature
Date