

Appointments Questionnaire

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate.

Please type or print in black ink.

10/21/2022

Date Completed

) years. Dates: From / To 1998 / Current
Dates: From / To
•
. 0:1
of Florida that you have maintained at any time du
Dates: From / To
for violation of any federal, state, county, or munic
ations for which a fine or civil penalty of \$150 or 1
Nature Disposition FWC/Misdemeanor Pre-Trial Diveriso

Section 2- Education and Background

High School: S	it. Augustine High	School / St. Augustine	Year Graduat	ed: ¹⁹⁹¹
(Name)		(Location)		
List all postsec	ondary education	institutions attended:		
Name		Dates	Degree Receiv	ed
	Community College		AA	
Are you or have If "Yes" List:	e you ever been a	member of the armed forces of	of the United States?	ves No No
,, 160 Dist.	Dates of service	1990-1997		
		onent: Florida Army National	Guard	
		discharge: October 28, 1997 -		
		er and for all of your employness, type of business, occupation		
Employer's Name Burney's Septic 1	& Location Fank Service, Inc.	Type of Business Septic Installation/Repair	Occupation Title Owner	Perkod 1992 / Curren
Have you ever l Yes No ₩	been employed by	v any state, district, or local go	vernmental agency in F	lorida?
		the name(s) of the employing	agency, and the period	(s) of employment:
Position		Employing Agency	Period of Emp	loyment

-, - ev)	Foreign government? Yes No V				
Have you	ı ever been e	elected or appointed to	any public office in this state	? Yes No V	
.,			e, level of government (city, co d (if appointed, by whom):	ounty, district, state, federal),	
	OMce Title	Dates in Office	Level of Government	Election or Appointment	
		100			
I	f your servic	e was on an appointe	d board(s), committee(s), or co	ouncil(s):	
(1)	How freq	quently were meetings	s scheduled:		
(2)	attended,	ssed any of the regula the number you miss ngs Attended	arly scheduled meetings, state t ed, and the reasons(s) for your Meetings Missed	the number of meetings you absence(s). Reason for Absence	
		ver been found that w	ou were in violation of the Cod	le of Ethics for Public Officers	
Has prob	able cause e	ver occin round mat y		to of Diffee for I done officer.	
-		III, Chapter 112, F.S.	? Yes No V	to of paines for 1 done officers	
and Empl		III, Chapter 112, F.S.	? Yes No	NO OT DEMOC TO. I WORK OTHER	
and Empl	loyees, Part	III, Chapter 112, F.S.		Disposition	
and Empl	loyees, Part l give details:	III, Chapter 112, F.S.			
and Empl	loyees, Part l give details:	III, Chapter 112, F.S.			
and Empl	loyees, Part l give details: Pate	HI, Chapter 112, F.S. Nature of V		Disposition	
and Empi	loyees, Part legive details: pate ever been s list:	HI, Chapter 112, F.S. Nature of V	/iolation	Disposition	

(1) Title of Office	ee:	
(2) Term of App	ointment:	
(3) Confirmation	Result:	
Have you ever been i	refused a fidelity, surety, performance, or or	ther bond? Yes No
If "Yes", explain:		
License/Certificate	Title/Number Date Issued Issuing	Authority Disciplinary Action/Dat
Have you, or busines other direct dealings including the office of Yes No No	ble Conflicts of Interest ses of which you have been an owner, offic during the last four (4) years with any state or agency to which you have been appointed	or local governmental agency in Florid
Have you, or busines other direct dealings including the office of Yes No No If "Yes", explain:	ses of which you have been an owner, offic during the last four (4) years with any state	or local governmental agency in Florid for are seeking appointment? Business Relationship to Agency
Have you, or busines other direct dealings including the office of Yes No If "Yes", explain: Name of Business Burney's Septic	ses of which you have been an owner, offic during the last four (4) years with any state or agency to which you have been appointed Your Relationship to Business	or local governmental agency in Florid or are seeking appointment?

	(2) Name of agency or entity you lobbied and the principal(s) you represented: Agency Lobbied Principal Represented
appe	there any possible conflicts of interest that could affect your ability to serve as a gubernatorial bintee?
Νo	ne to my knowledge other than prementioned contract.
If yo	ou agree, please type or write your initials for each of the following statements:
	(1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. JKB
	(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethies for Public Officers and Employees, Part III, Chapter 112, F.S. JKB
Sec	tion 4- References and Experience
	e your experiences and interests or elements of your personal history that qualify you for this pintment:
Bû:	siness Owner - As a third generation business owner I have a sharp derstanding of fiscal responsibilities. Military Service of 7 years with the
uno	nda Army National Guard - Knowledge of government operations and
рго	cedures. Community Leader - Immersed within the community, both
	fessionally and personally; would help charter the needs and concerns of our zens.
	se list specifically any degree(s), professional certification(s), or designations(s) related to the subject
mati Sta	er of this appointment: ate Certified Underground Utilities & Excavation Contractor - CUC056991
Re	gistered Florida Septic Tank Contractor - SR0071572
	se list any awards or recognitions you have received relating to the subject matter of this pintment:

Please identify all association memberships and offices (including any business, professional, occupational, civic, or fraternal organizations) you have held or hold relating in the last 10 years:

Name of the A	Association		Role	Dat	tes of Mer	nbership
Masonic Lodge #98		Pa	st Master	2000 - 0	Current	/ Lifetime Member
CBAA - Constructio	n Board c	f Adjustme	nt & Appeals	/ Board Me	ember /	2009 - Current
Florida Enviromenta	al Health I	Professiona	al Advisory Bo	ard / Board Me	ember / :	2017 - Current
Saint Augustine Shi	ine Club	1	Member	1	20	003 - Current
FOWA (Florida Ons	ite Waste	water Asso	c) / Member &	& Past Preside	nt / 20	07 - Current
Do you know of any	reason v	hy you wi	ll not be able t	o attend fully	to the di	uties of the office or position
to which you have b	een or wi	ll be appoi	nted? Yes	No 🗸		•
-		ir oo appor	140_			
If "Yes", explain:						
		1	(6) The contract of			
			A. A. A. A. A.	(-100)		
			W. Carly			
List three persons w				1		nclude a current telephone
Name			Organization			one Number
Jeb Smith	/ P	resident of	The Florida F	arm Bureau	1	904-669-6648
Brian Cholmondeley			er Systems Div		/ 904-2	219-5253 / 904-494-7647
Gail Oliver / SJC BC				•		87-5655 / 904-209-0770
Gall Oliver / Gall De	JOO DIIG	AOI OI LAIR	i Mgiller Coul	ky Guiveyoi	7 304-0	01-30337 304-203-0770
anything else that you As a lifelong restoring an unbias serve the citizer growth that can years through for the control of the cour local charities.	ed and sident of pay for the p	iay be help if SJC an impartia IC. I beli itself. C s Septic le have schools.	ful: Ind a private I view to the eve there I I ur family h Tank Servi been common the opportunity of the opp	e business le BOCC in s a fine bal as a legac ce, which in nunity lead tunity for the	owner makir ance to y of se s still for ers, in- nis gut	t would be an honor
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canacity					_	

Section 5- Certification and Signature I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief. By checking this box and typing my name below I am electronically signing my application and

/s/ Jackson	K	Burney	
First Name	Middle Initial	Last Name	Suffix

understand that an electronic signature has the same force and effect as a written signature.

Please save this document to upload with your board application.

If you have any questions, please call (850) 717-9243 or email Appointments(weog.myflorida.com