

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

**NOTE – This form must be submitted as
part of an application packet**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

PERSONAL INFORMATION		
I, _____, submit the following information to the Department of Business and Professional Regulation and the Board of Employee Leasing Companies for its use as a part of the employee leasing company license application filed by _____, pursuant to Chapter 468, Florida Statutes.		
Other names by which you have been known:		
Date of Birth	Social Security Number*	
Relationship to Applicant: (Office held, % of ownership, etc.)		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County	Country	
OTHER BUSINESS AFFILIATIONS		
Provide a list of all business entities or organizations with which you are presently affiliated. Attach additional list if necessary. If none, so state.		
Business Name & Location	Nature of Business	Affiliation

*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations, Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec 317.

QUESTIONS	
Have you, or any entity of which you are, or were then, a principal officer, director, or principal, been the subject of a governmental enforcement action within the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or any entity of which you are, or were then, a principal officer, director, or principal, had a license to operate revoked, suspended, denied, or otherwise acted against within the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or any entity of which you are, or were then, a principal officer, director, or principal, been subject to bankruptcy proceedings or had a judgment filed against you or the entity, either present, past or pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the questions above are answered "YES," please provide a statement of the charges and facts of the case(s), together with the name and location of the court(s) in which the proceedings were held or are pending.	
By affixing my signature to this form, I hereby agree that the Department of Business and Professional Regulation and the Board of Employee Leasing Companies may make full inquiry of each of the above named persons and all former employers and all other persons concerning my business, professional or moral character and reputation, including the procurement of letters, statements or affidavits concerning the same that may be deemed pertinent to a determination of my qualifications for registration under Chapter 468, Florida Statutes, and do specifically waive all claims, damages, rights of action or causes of action that might otherwise accrue to me against any of said persons, resulting or arising from, or by reason of, any and all statements of fact or opinion given in good faith concerning me expressed by any of them in reply to any inquiry made by, or under direction of, the department or the board, whether the same be responsive to, or necessarily required by, such inquiry or not, and that all such statements shall be deemed privileged and not actionable by me unless such statements are, in fact, willfully made and falsely given with malice toward me. I understand that this inquiry may include a criminal background check through the Florida Department of Law Enforcement and the National Criminal Information Center (NCIC).	

EMPLOYMENT HISTORY		
Complete the following schedule to show employment history for the past ten (10) years.		
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	

Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	

Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
Name of Present or Last Employer		Type of Business
Address (Street and Number)		
City	State	Zip Code (+4 optional)
Your Job Title	Dates of Employment From: ___/___/___ To: ___/___/___	
CERTIFICATE		
I hereby state that the information presented herein is true and correct to the best of my knowledge and belief, and that said information is submitted voluntarily by me to the Department of Business and Professional Regulation and the Board of Employee Leasing Companies.		

Signature		

Date Signed		