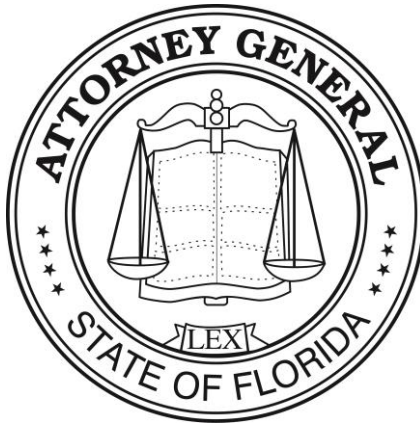


**Application for Appointment**

**Florida New Motor Vehicle Arbitration Board**



**Office of the Attorney General  
Lemon Law Arbitration**

**APPLICATION FOR APPOINTMENT TO THE  
FLORIDA NEW MOTOR VEHICLE ARBITRATION BOARD**

**INSTRUCTIONS (Please read BEFORE completing the Application):**

1. Promptly complete and return the application form. If you need an additional application form, call the number listed below.
2. Answer all questions pertinent to your experience on the form. Submission of a resume is optional.
3. Review the entire application form before you start to fill it out. Try to limit your answers to the spaces provided.
4. Indicate the most relevant or significant educational or vocational levels attained or occupational experiences achieved.
5. Provide information relevant to the question category, even if repeated in another question category.
6. Indicate any motor vehicle companies from which you presently receive compensation. **If you are currently employed by a motor vehicle manufacturer, franchised dealership or are a decision maker, staff or consultant for a manufacturer-sponsored informal dispute settlement program (e.g. BBB/Autoline; National Center for Dispute Settlement (NCDS); CAP-RV; CAP-Motors; Florida RV Mediation/Arbitration Program, etc.), you will not be eligible for appointment.**
7. **Dual Officeholding:** The Florida Constitution (Art. II, § 5(a)) prohibits a person from simultaneously holding more than one “office” under the government of the state, counties and municipalities. This prohibition applies to both elected and appointed offices. The two offices do not have to be within the same governmental unit. Members of the Florida New Motor Vehicle Arbitration Board are state officers. If you are currently serving in a capacity which may fall within this prohibition, you may wish to seek clarification from legal counsel before applying for appointment to the Board.
8. Answer all questions truthfully. Your application will be removed from consideration, or you will be dismissed from the Board, if you provide false information.
9. In accordance with the Americans with Disabilities Act, if you need special accommodation in order to participate in the application and interview process, you should contact Kairi Sisask at the telephone number below. If hearing impaired, contact Ms. Sisask via the Florida Relay Service at: 711.
10. When you have completed the application form, send it to:

**Office of the Attorney General  
Lemon Law Arbitration Program  
ATTN: Karla Robinson  
The Capitol, PL-01  
Tallahassee, Florida 32399-1050  
(850) 414-3500 ext. 4494  
(850) 488-7295 FAX**

**PLEASE NOTIFY THE AGENCY IN ADVANCE IF SPECIAL DISABILITY  
ACCOMMODATION IS REQUIRED.**

**APPLICATION FOR APPOINTMENT TO THE  
FLORIDA NEW MOTOR VEHICLE ARBITRATION BOARD**  
(Please type or print in ink)

**APPLICANT INFORMATION:**

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

**Business Address:** \_\_\_\_\_  
Street
Office #
City

Post Office Box State Zip Code Area Code/Phone Number

**Residence Address:** \_\_\_\_\_  
Street
City
State
Zip

Post Office Box State Zip Code Area Code/Phone Number

**Specify the preferred mailing address: G Business G Residence Fax #** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Driver License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Do you currently hold an elected or appointed office which may prevent you from serving as a member of the New Motor Vehicle Arbitration Board under the dual office-holding prohibition of the Florida Constitution?** \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," what office? \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

<u>School &amp; City/State</u>	<u>Dates Attended</u>	<u>Degree/Area of Primary Study</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OCCUPATIONAL EXPERIENCE** (use additional sheet, if necessary or attach resumé):

<b><u>Employer &amp; City/State</u></b>	<b><u>Dates Employed</u></b>	<b><u>List Your Primary Job Duties</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LEGAL EXPERIENCE:**

Are you an attorney? \_\_\_\_\_

Please list all states in which you are or have been admitted to practice and the number of years in practice in each state:

<b><u>State</u></b>	<b><u>Years in Practice</u></b>	<b><u>Nature of Practice (General, corporate, tax, etc.)</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Florida Bar Number (if applicable): \_\_\_\_\_

**MOTOR VEHICLE SERVICE EXPERIENCE:**

Do you have any professional\* experience in motor vehicle repairs? \_\_\_\_\_

If yes, for how many years? \_\_\_\_\_

In what area(s) of specialization (e.g., service manager, transmission, body work, etc.), and, if applicable, certification (e.g., ASE)? *Please attach copies of any professional certificates held.*

\_\_\_\_\_  
\_\_\_\_\_

\*If non-professional, nature of motor vehicle repair knowledge or skills?

\_\_\_\_\_  
\_\_\_\_\_

**OTHER MOTOR VEHICLE EXPERIENCE:**

Do you have any professional non-technical experience with motor vehicles? \_\_\_\_\_

If yes, for how many years? \_\_\_\_\_

In what capacity were you employed (e.g., owner, sales, insurance, warranty administration, production, management, financing, leasing, etc.) and for how long in each area?

\_\_\_\_\_

**OTHER PRODUCT OR TECHNICAL EXPERIENCE:**

Do you have any professional experience in the sale or service of other products? \_\_\_\_\_

If yes, for how many years? \_\_\_\_\_

In what product line (e.g., major appliances, computers), in what capacity (e.g., sales, service, warranty administration), and for how long?

\_\_\_\_\_

\_\_\_\_\_

**MOTOR VEHICLE ARBITRATION EXPERIENCE:**

Have you arbitrated any motor vehicle warranty disputes? \_\_\_\_\_ If yes, how many cases? \_\_\_\_\_

Where and when? \_\_\_\_\_

With which arbitration program(s)? \_\_\_\_\_

In what capacity (arbitrator, attorney, representative, party)? \_\_\_\_\_

**OTHER DISPUTE RESOLUTION EXPERIENCE:**

Have you negotiated, mediated, arbitrated or adjudicated any non-motor vehicle disputes? \_\_\_\_\_

If yes, what types of disputes (e.g., labor, insurance, etc.) and how many cases?

\_\_\_\_\_

\_\_\_\_\_

Where and when? \_\_\_\_\_

With which institution(s)? \_\_\_\_\_

\_\_\_\_\_

Do you hold any professional or court-approved certifications as an arbitrator and/or mediator? \_\_\_\_\_

If so, what type of certification? \_\_\_\_\_

*Please attach copies of any certifications held.*

**PERSONAL INVOLVEMENT:**

Have you ever been involved in a prolonged warranty dispute involving a new motor vehicle? \_\_\_\_\_

If yes, what year(s) and with which manufacturer(s)? \_\_\_\_\_

\_\_\_\_\_

Are you currently employed by a motor vehicle manufacturer or franchised dealer? \_\_\_\_\_

If yes, with whom and involving which motor vehicle make(s)? \_\_\_\_\_

Do you presently have a financial interest (e.g., partner, consultant, shareholder, etc.) with any motor vehicle manufacturer or franchised dealer? \_\_\_\_\_

If yes, with which company and involving which motor vehicle make(s)? \_\_\_\_\_

\_\_\_\_\_

Do any of the above questions apply to a member of your immediate family? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you presently serve as a decision-maker, staff or consultant for a manufacturer-sponsored informal dispute settlement program (e.g. BBB/Autoline; National Center for Dispute Settlement (NCDS); Florida RV Mediation/Arbitration Program; CAP-Motors; CAP-RV)?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**ARBITRATION BOARD PARTICIPATION:**

How many days per month (normal business hours) would you be available to serve on arbitration panels?

\_\_\_\_\_ 1-2      \_\_\_\_\_ 3-5      \_\_\_\_\_ 6-9      \_\_\_\_\_ 10 or more

In which Board region(s) would you be available to serve?

\_\_\_\_\_ Ft. Lauderdale      \_\_\_\_\_ Ft. Myers      \_\_\_\_\_ Jacksonville

\_\_\_\_\_ Miami      \_\_\_\_\_ Orlando      \_\_\_\_\_ Pensacola

\_\_\_\_\_ Tallahassee      \_\_\_\_\_ Tampa/St. Pete      \_\_\_\_\_ West Palm Beach

Briefly, please indicate why you want to serve as an arbitrator on the Florida New Motor Vehicle Arbitration Board:

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**Please complete the following:**

1. Are you a United States citizen? Yes  No  If "No" explain:

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

2. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) If "Yes" give details:

<u>Date</u>	<u>Place</u>	<u>Nature</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have you ever been convicted of a felony or a first degree misdemeanor?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, to what charges?

\_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of conviction? \_\_\_\_\_

4. Have you ever pled *nolo contendere* or pled guilty to a crime which is a felony or a first degree misdemeanor?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what charges?

\_\_\_\_\_

Where? \_\_\_\_\_ Date? \_\_\_\_\_

5. Have you ever had the adjudication of guilt withheld to a crime which is a felony or a first degree misdemeanor?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what charges?

\_\_\_\_\_

Where? \_\_\_\_\_ Date? \_\_\_\_\_

**NOTE: A "yes" answer to these questions will not automatically bar you from appointment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.**



EEO SURVEY

The information requested on this page will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

- a. Sex: Male G Female G
- b. Race/Origin: White G Native American/Alaskan Native G
  - Hispanic-American G Asian/Pacific Islander G
  - African-American G \_\_\_\_\_ G

**RECRUITMENT**

Please answer the following question: HOW DID YOU LEARN OF THIS OPPORTUNITY?

- \_\_\_\_\_ Agency Vacancy Announcement
- \_\_\_\_\_ Newspaper/Journal Article
- \_\_\_\_\_ A Friend
- \_\_\_\_\_ Job Service
- \_\_\_\_\_ Community Organization
- \_\_\_\_\_ Female, Minority or Disabled Referral Organization
- \_\_\_\_\_ Job Line
- \_\_\_\_\_ Other (specify)\_\_\_\_\_

**The Office of the Attorney General does not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.**

**The State of Florida hires only U.S. citizens and lawfully authorized alien workers.**

**If you require special accommodation because of a disability to participate in the application/appointment process, you must notify the hiring/appointing authority in advance.**

**As a condition of appointment to the Florida New Motor Vehicle Arbitration Board, I, \_\_\_\_\_, hereby authorize the Office of the Attorney General to request the Florida Department of Law Enforcement to conduct a background check.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date