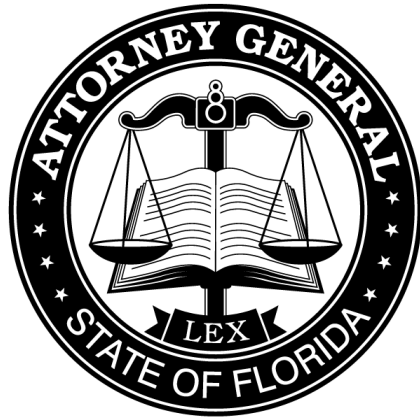


Application for Appointment

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: Kairi Sisask
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: ☐ Business ☐ 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 & City/State</u>	<u>Dates Attended</u>	<u>Degree/Area of Primary Study</u>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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OCCUPATIONAL EXPERIENCE (use additional sheet, if necessary or attach resumé):

<u>Employer & City/State</u>	<u>Dates Employed</u>	<u>List Your Primary Job Duties</u>
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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:

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

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 ☐ Female ☐
- b. Race/Origin: White ☐ Native American/Alaskan Native ☐
Hispanic-American ☐ Asian/Pacific Islander ☐
African-American ☐ _____ ☐

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