ALLAHASSEE	PF Name: Applicant ID: Job Opening: Date Submitte	Meadows-Keefe,Julie K 116392 140258 City Ethics Officer d: 7/1/2014 1:54:45 PM
Contact Information Address 1: 3256 Appleton Drive	City:Tallahassee S	state:FL Zip Code:32311
Address 2:	Race: WHITE	Gender: Female
Email Address:juliemkeefe@gmail.com	Telephone	e:850/322-1655
Highest Education Level: K-Doctorate	(Professional)	
High School Education		

School:	Sarasota High School				
Received:	Diploma		Completion Date:	5/21/1987	
State:	FL	Country:	USA		

# College, University or Vocational/Tech Education

Name of School:	Florida State Uni	iversity		Major: Law
Degree Earned:	Juris Doctor			Date Acquired: 5/15/1993
Location:	FL	Graduated?	Y	# of credit hours earned:
Name if Different in	School Julie	Koehne		
Name of School:	Stetson Universi	ity		Major: Political Science
Degree Earned:	Bachelor of Arts			Date Acquired: 5/12/1990
Location:	FL	Graduated?	Y	# of credit hours earned:
Location: Name if Different in		Graduated? Koehne	Y	# of credit hours earned:

### **Training**

## License/Certificates

<u>License/Cert</u>	ificates				
License	Other License or Certificate		License #	0984132	
Issued By	Florida Supreme Court		Issue Date	09/01/1993	
Additional A	ttachments				
Attachment:	Resume				
Attachment De	scription 4-2012_Resume.	pdf			
<u>Supervisor F</u>	<u>References</u>				
Employer	DBPR				
Name	Reginal Dixon		Assistant General C	co	
Address	1940 N. Monroe Street	City	Tallahassee	State	FL
Phone	850/717-1172				
Employer	DBPR				
Name	Renee Alsobrook		Deputy GC		
Address	1940 North Monroe	City	Tallahassee	State	FL
Phone	850/717-1107				
		COT Ann	licant Answers and		
			incant Answers and	QUESTIONS	
	izen or are you legally authorized to we required to provide identification and p				Yes
					100
Are you a current	City Employee?				N
					Νο
Are you a current or former law enforcement officer, other covered employee or the spouse or child of a					
covered employee or former employee who is exempt from public records disclosure under §119.07, Florida Statutes?					No
Do you have Sup	ervisory Experience? If, "Yes", include	your supervis	ory duties and number of	employees	
supervised, in the	work History section of your applicatio	n.			Yes
Have you ever be	en convicted of a felony or a first-degre	e misdemear	or? A "Yes" answer does	not	
automatically disc	· · ·				No

- - -

No

Have you ever had the adjudication of guilt withheld for a felony or a first-degree misdemeanor? A "Yes" answer does not automatically disqualify you

IF YOU ARE CLAIMING VETERAN'S PREFERENCE: Are you a resident of the State of Florida who is claiming Veterans Preference? (NOTE: In order to receive N/A Veterans' Preference, you MUST submit appropriate documentation substantiating your claim) IF YOU ARE CLAIMING VETERAN'S PREFERENCE: Are you a veteran awarded a qualifying Campaign or Expeditionary Medal, or who has served on active duty N/A for one day or more during a wartime period for a war listed by Section 1.01 (14), Florida Statutes? IF YOU ARE CLAIMING VETERAN'S PREFERENCE: Are you a veteran with a service-connected disability who is eligible for or receiving compensation, disability N/A retirement, or pension. IF YOU ARE CLAIMING VETERAN'S PREFERENCE: Are you the spouse of a veteran who cannot qualify for employment because of a total and permanent N/A disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power?

### Work Experience

Employer Job Title	Grossman Furlow Bayo Of Counsel		
Start Date:	02/01/2012	End Date:	
Annual Salary:	\$0.00	Number of Hours Worked Per Week	40

Number of Employees Supervised: 0

**Description:** 

Practice focused on HIPAA and Professional Licensure Defense

#### **Work Experience**

Employer Job Title	Department of Health Chief Legal Counsel			
Start Date:	08/01/2005	End Date:	12/01/2011	
Annual Salary:	\$720,000.00	Number of I	Hours Worked Per Week	40
Number of Employees Supervised:		1		

Number of Employees Supervised:

**Description:** 

Provide legal representation to numerous clients, including Children's Medical Services, Human Resources, DOH IRB & HIPAA Privacy Officer and ethics officer.

#### **Work Experience**

<u>Employer</u> Job Title	Florida Department of Health Lead Nursing Prosecutor				
Start Date:	04/01/2003	End Date:	07/01/2005		
Annual Salary:	\$52,500.00	Number of I	Hours Worked Per Week	40	

### Number of Employees Supervised:

**Description:** 

Supervised a 12 person team prosecuting nursing licensure cases.

IF YOU ARE CLAIMING VETERAN'S PREFERENCE: Are you the unremarried widow or widower of a veteran who died of a service-connected disability?	N/A
If you are a male between the ages of 18 and 26, you will be required to provide proof of registration or exemption prior to any employment. Do you have proof of registration with the Selective Service System, or proof of exemption from such?	N/A
May we contact your Current Employer?	Yes
May we contact your former employer?	Yes
To Your Knowledge, Do You Have Any Relatives Working For The City Of Tallahassee? (If Yes, Prior To Any Employment By The City, You Will Be Required To Provide Their Name, Relationship To You, And The Department.)	Νο

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I provide may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the City government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for City employment are public records except as noted in next section. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I further understand that if I am selected to fill a safety-sensitive position, I will be required to successfully pass a pre-employment drug test prior to appointment.

Applicant Signature:

**Julie Meadows-Keefe** 

Date: