



# City of North Miami Beach, Florida

## APPLICATION FOR MUNICIPAL APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION

**CHAPTER 2, SECTION 2-32.1 OF THE CODE OF ORDINANCES OF THE CITY OF NORTH MIAMI BEACH PROVIDES "RESIDENCY REQUIREMENT: MEMBERS OF ALL BOARDS, COMMITTEES AND COMMISSIONS SHALL BE RESIDENTS OF THE CITY OF NORTH MIAMI BEACH, EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED. SHOULD ANY BOARD, COMMITTEE OR COMMISSION MEMBER MOVE OUTSIDE THE CITY LIMITS DURING THE TERM OF HIS/HER APPOINTMENT, HE/SHE SHALL AUTOMATICALLY BE REMOVED FROM THE POSITION HE/SHE HOLDS." MEMBERS ARE ALSO SUBJECT TO CHAPTER 2, SECTION 2-32.4.**

I HEREBY FILE AN APPLICATION FOR APPOINTMENT TO THE FOLLOWING BOARD, COMMISSION OR COMMITTEE:

(PLEASE PRINT CLEARLY)

1. **NAME:** \_\_\_\_\_
2. **HOME ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_
3. **BUSINESS NAME:** \_\_\_\_\_  
**BUSINESS ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_
4. **HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_  
**CELL PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_
5. **DO YOU RESIDE IN NORTH MIAMI BEACH DURING ALL TWELVE MONTHS OF THE YEAR?**  
YES: \_\_\_\_\_ NO: \_\_\_\_\_
6. **HAVE YOU EVER BEEN CONVICTED OF A FELONY?** YES: \_\_\_\_\_ NO: \_\_\_\_\_
7. **HIGHEST LEVEL OF EDUCATION:** (Youth Advisory Board Applicants: Please indicate current grade level as well as the name and telephone number of the school you are currently attending.)  
\_\_\_\_\_  
\_\_\_\_\_

8. **ARE YOU RELATED TO A CITY EMPLOYEE?** YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, please state the name of the employee and the department in which he/she works:  
\_\_\_\_\_ )

9. **EMPLOYMENT HISTORY** (Please include employer, position, years served):  
PRESENT STATUS: \_\_\_\_\_  
20 \_\_\_\_ to 20 \_\_\_\_ \_\_\_\_\_  
19 \_\_\_\_ to 19 \_\_\_\_ \_\_\_\_\_  
19 \_\_\_\_ to 19 \_\_\_\_ \_\_\_\_\_

10. **HAVE YOU EVER SERVED ON AN ADVISORY COMMITTEE IN THE PAST?** (If yes, please describe: \_\_\_\_\_ )

11. **IF NOT SELECTED FOR THE BOARD/COMMITTEE/COMMISSION INDICATED ABOVE, PLEASE LIST ANY ADDITIONAL BOARDS/COMMITTEE/COMMISSIONS FOR WHICH YOU WOULD LIKE YOUR APPLICATION SUBMITTED** (Please rank in order of preference):  
(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

12. **DESCRIBE YOUR PROFESSIONAL AND/OR VOLUNTEER EXPERIENCE OR BACKGROUND THAT WOULD BEST QUALIFY YOU FOR AN APPOINTMENT TO THE BOARD/COMMITTEE/COMMISSION YOU HAVE SELECTED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **IF YOU ARE APPLYING FOR A BOARD/COMMITTEE/COMMISSION THAT HAS SPECIFIC REQUIREMENTS, PLEASE DETAIL HOW YOUR BACKGROUND AND/OR EXPERIENCE MEETS THE REQUIRED CRITERIA:**  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

***I CERTIFY UNDER OATH, AND PENALTY OF PERJURY, THAT ALL INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I DO UNDERSTAND THAT ANY APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION OBTAINED ON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE NULL AND VOID.***

APPLICATION DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

LIAISON: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_