



# **City of North Miami Beach, Florida**

## **APPLICATION FOR EASTERN SHORES FIRST ADDITION SECURITY GUARD SPECIAL TAXING ("ESFASGSTD") BOARD**

THE EASTERN SHORES FIRST ADDITION SECURITY GUARD SPECIAL TAXING DISTRICT BOARD WAS ESTABLISHED FOR THE PURPOSE OF COUNSELING THE CITY COMMISSION AS TO THE NEEDS, PLANNING REQUIREMENTS, DEVELOPMENT AND MANAGEMENT OF THE SAFETY AND SECURITY PROGRAMS WITHIN ESFASGSTD.

THE ESFASGSTD ADVISORY BOARD SHALL BE COMPOSED OF THREE (3) MEMBERS, WHO SHALL BE OWNERS OF REAL PROPERTY WITH THE ESFASGSTD.

(PLEASE PRINT CLEARLY)

1. NAME: \_\_\_\_\_
2. HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
4. CONTACT NO: (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_  
CELL: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
FAX: \_\_\_\_\_
5. ARE YOU A RESIDENT OF THE CITY OF NORTH MIAMI BEACH OR DO YOU WORK IN THE CITY OF NORTH MIAMI BEACH?  
RESIDENT \_\_\_\_\_ WORK \_\_\_\_\_ (YES OR NO)
6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_
7. HIGHEST LEVEL OF EDUCATION AND OCCUPATION:  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

10. HAVE YOU EVER SERVED ON AN ADVISORY BOARD OR COMMITTEE DEALING WITH SECURITY GUARD SPECIAL TAXING DISTRICT MATTERS (IF SO PLEASE LIST WHERE, WHEN, AND IN WHAT CAPACITY)

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

11. PLEASE STATE YOUR REASON FOR INTEREST IN APPLYING FOR THE ESFASGSTD ADVISORY BOARD:

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

12. PLEASE LIST QUALIFICATIONS, TALENTS, OR EXPERTISE AS IT RELATES TO MEMBERSHIP FOR THIS BOARD: \_\_\_\_\_

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

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: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ BY \_\_\_\_\_