



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

## **APPLICATION FOR GENERAL EMPLOYEES RETIREMENT BOARD**

The Retirement Plan and Trust for the General Management Employees of the City of North Miami Beach, a Retirement Committee ("Board of Trustees") for the General Management Employees Retirement Plan, which shall be solely responsible for administering the Plan. The Board shall be a legal entity with, in addition to other powers and responsibilities outlined in the Plan, the power to bring and defend lawsuits of every kind, nature and description.

(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 GENERAL EMPLOYEES RETIREMENT MATTERS (IF SO PLEASE LIST WHERE, WHEN, AND IN WHAT CAPACITY)

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

11. PLEASE STATE YOUR REASON FOR INTEREST IN APPLYING FOR THE GENERAL EMPLOYEES RETIREMENT 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 \_\_\_\_\_