

CITY OF OCALA

BOARD AND COMMISSION APPLICATION

Name: _____ Home Phone: _____

Home Address: _____

City, State, Zip Code: _____

Business: _____ Business Phone: _____

Business Address: _____

Occupation: _____ Email Address: _____

Brief Resume of Education and Experience:

Are you a Resident of Marion County? Yes _____ No _____

(If so, state length of time) Number of Years: _____

Do you own property within the City limits? Yes _____ No _____

Please briefly describe: _____

Do you reside within the City? Yes _____ No _____

Do you own a business within the City? Yes _____ No _____

Are you a registered City voter? Yes _____ No _____

Do you hold a public office? Yes _____ No _____

Are you employed by the City? Yes _____ No _____

At the present time, do you serve on a City Board,
Commission, Authority, or Committee? Yes _____ No _____

Please Note: A board/commission member shall not serve on more than one City board/commission at a time, unless that board/commission is an interim Ad Hoc Committee.

A Financial Disclosure Form will be required to be completed upon appointment to any pension board.

Please check the boards(s) you wish to serve on. If you have more than one interest, please number in order of your preference.

_____ Firefighters' Pension Board

_____ General Employee Pension Board of Trustees

_____ Ocala Police Officers' Retirement System Board of Trustees

Until such time as you are selected for the board/commission of your choice, can we submit your application when vacancies occur without contacting you each time? Yes _____ No _____

Why do you think you are qualified to serve on this Board?

I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTAND THIS APPLICATION, THAT ALL INFORMATION FURNISHED BY ME IS TRUE AND ACCURATE AND THAT, TO THE BEST OF MY KNOWLEDGE, I MEET THE CRITERIA FOR SERVING ON THE BOARD(S)/COMMISSION(S) FOR WHICH I AM APPLYING.

Signature: _____ Date: _____

Notes:

- (1) Application effective for ONE YEAR from date of completion
- (2) If you have any questions regarding this application, please call the Office of the City Clerk at (352) 629-8266

Return to:

City Clerk's Office
110 SE Watula Avenue
Ocala, FL 34471

CITY OF OCALA

PENSION BOARD DESCRIPTIONS & QUALIFICATIONS

FIREFIGHTERS' PENSION BOARD OF TRUSTEES

Function: The sole and exclusive administration of, and the responsibility for the proper, effective operation of the retirement plan is vested in a Board of Trustees.

Membership: The board of trustees shall consist of five persons; two firefighters elected by the firefighter members of the plan, two trustees shall be residents of the City appointed by City Council and the fifth member of the board shall be chosen by a majority of the other four members of the Board and appointed by City Council as a ministerial act. The fifth member does not have to be a City resident. Two City appointed trustees shall be residents of the City. Financial disclosure required for all members. All trustees shall serve a term of two years and shall continue to serve until their successors are appointed or elected.

Meeting Time: Meets quarterly

GENERAL EMPLOYEE PENSION BOARD OF TRUSTEES

Function: The sole and exclusive administration of and responsibility for the proper operation of the System and for making effective the provisions of the ordinance. The board is hereby designated as the plan administrator.

Membership: Members shall serve three-year terms. The board shall consist of five trustees, three of whom, unless otherwise prohibited by law, shall be appointed by the City Council, and two of whom shall be members of the system, who shall be elected by a majority of the general employees who are members of the system.

Meeting Time: Meets quarterly

POLICE OFFICERS' RETIREMENT SYSTEM BOARD OF TRUSTEES

Function: Administer and manage the System provided and serve as trustees of the Fund.

Membership: Each trustee shall serve two-year terms and may succeed him/herself in office and is appointed by City Council. The board shall consist of five trustees, two of whom, unless otherwise prohibited by law, shall be legal residents of the City, who shall be appointed by City Council, and two of whom shall be members of the system, who shall be elected by a majority of the police officers who are members of the system. The fifth trustee shall be chosen by a majority of the police officers who are members of the system.

Meeting Time: Meets quarterly

CITY OF OCALA RETIREMENT BOARD ADDITIONAL INFORMATION REQUEST

High School

Name and Location of School: _____

Received: Diploma Other None

College, University or Professional School

Name and location of School: _____

Date of Attendance (Month/Year): *From:* _____ *To:* _____ Credits Earned: *QTR* _____ *SEM* _____

Major/Minor Course of Study: _____ Type of Degree Earned: _____

Name and location of School: _____

Date of Attendance (Month/Year): *From:* _____ *To:* _____ Credits Earned: *QTR* _____ *SEM* _____

Major/Minor Course of Study: _____ Type of Degree Earned: _____

Job-Related Training or Course Work

Name and location of School: _____

Date of Attendance (Month/Year): *From:* _____ *To:* _____ Credits Earned: *Class* _____ *Clock* _____

Course of Study: _____ Type of Degree Earned: _____

Name and location of School: _____

Date of Attendance (Month/Year): *From:* _____ *To:* _____ Credits Earned: *Class* _____ *Clock* _____

Course of Study: _____ Type of Degree Earned: _____

Periods of Employment

Name of Present Employer: _____

Duties & Responsibilities:

Name of Previous Employer: _____

Duties & Responsibilities:

