

**CITY OF OCALA
PENSION BOARD APPLICATION**

1. Name: _____ Home Phone: _____
 2. Home Address: _____
 3. City, State, Zip Code: _____
 4. Business: _____ Business Phone: _____
 5. E-mail address: _____
 6. Business Address: _____ Occupation: _____
 7. Brief Resume of Education and Experience: _____
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8. Are you a resident of Marion County (If so, state length of time) Yes _____ No _____
Number of Years _____
9. Do you own property within the City limits? (Please give brief description on reverse side) ** Yes _____ No _____
10. Do you reside within the City? Yes _____ No _____
11. Do you own a business within the City? Yes _____ No _____
12. Are you a registered City voter? Yes _____ No _____
13. Do you hold a public office? Yes _____ No _____
14. Are you employed by the City? Yes _____ No _____
15. At the present time, do you serve on a City Board, Commission Authority or Committee? Yes _____ No _____

PLEASE NOTE

A board member shall not serve on more than one City board at a time, unless that board is an interim Ad Hoc Committee. Please check the board(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 *

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

17. Why do you think you are qualified to serve on this board? _____

18. 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 FOR WHICH I AM APPLYING.

Signature: _____ Date: _____

- NOTES:** (1) Application effective for ONE YEAR from date of completion
(2) If you have questions regarding this application, please call the Office of the City Clerk – 629-8266.
* Requires Financial Disclosure Form (if appointed to board)
** Requires Property Description

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

**CITY OF OCALA
PENSION BOARD DESCRIPTIONS & QUALIFICATIONS**

FIREFIIGHTERS' 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

EDUCATION

High School

Name/Location of School

Receive :
 Diploma Other None

College, University or Professional School

Name of School	Location	Date of Attendance (Month/Year)		Credit Hours Earned		Major/Minor Course of Study	Type of Degree Earned
		From	To	QTR	SEM		

Job-Related Training or Course Work

Name of School	Location	Date of Attendance (Month/Year)		Credit Hours Earned		Course of Study	Type of Degree Earned
		From	To	Class	Clock		

PERIODS OF EMPLOYMENT

Name of Present Employer
Duties & Responsibilities

Name of Previous Employer
Duties & Responsibilities
