



CITY OF MIAMI GARDENS BOARD/COMMITTEE APPLICATION

18605 NW 27th Avenue
Miami Gardens, FL 33056

(305)914-9010
(305)914-9033 (fax)

1. Position sought: _____
 2. Name: _____
(Please print)
 3. Home Address: _____
 4. Business Address: _____
 5. Employer (if self please state): _____
 - a. Job Title: _____
 - b. Nature of business: _____
 6. Home Phone No. _____ Business Phone No. _____
Fax No. _____
 7. E-mail Address: _____
 8. Education Background:
 - a. High School
Name of School _____ Dates of Attendance _____
 - b. Vocational School
Name of School _____ Dates of Attendance _____
 - c. College
Name of College _____ Dates of attendance _____
Degree obtained if any _____
- Please provide a copy of your Resume or CV along with this Application.**
9. Community Service (attach additional sheets if necessary):

 10. Please state your qualifications for position sought (attach additional sheets if necessary):

11. Are you aware of any potential or real conflicts of interest that would prevent you from serving on a City board or committee? If so, please state the nature of the real or potential conflict:

12. Are you employed by the City? Yes _____ No _____

13. Are you employed by the Mayor or any of the Council members in their private capacities?

14. Are you a resident of the City? Yes _____ No _____

15. Do you own a business in the City? Yes _____ No _____

If yes, please state the name of the business: _____

Is this business a vendor with the City Yes _____ No _____

16. Do you operate a business in the City? Yes _____ No _____

If yes, please state the name of the business: _____

Is this business a vendor with the City Yes _____ No _____

17. Ethnic Origin:

White Non-Hispanic _____ African American _____ Hispanic American _____ Other _____

18. If there are no vacancies for the board or committee position sought, I would also be interested in serving on the following board(s)/committee(s):

Second choice

Third choice

Fourth choice

Fifth choice

I certify that the information contained in this Application is true and accurate.

Signature _____

Date _____

Applicant

THIS APPLICATION WILL REMAIN ON FILE FOR ONE YEAR