



CITY OF MIAMI GARDENS BOARD/COMMITTEE APPLICATION

18605 NW 27 Avenue
Miami Gardens, FL 33056

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

1. BOARD/COMMITTEE OF INTEREST: _____
2. Name: _____
(Please print)
3. Home Address: _____
4. Business Address: _____
5. Employer (If Self Employed Please Indicate): _____
 - a. Job Title: _____
 - b. Nature of business: _____
6. Home Phone No. _____ Business Phone No. _ Fax No. _____
7. E-mail Address: _____
8. Education:
 - a. High School
Name of School: _____ Dates of Attendance: _____
 - b. Vocational School
Name of School _____ Dates of Attendance: _____
 - c. University/College:
Name of College: _____
Dates of Attendance: _____
Degree: _____

Please submit a copy of your resume or CV along with this application.

9. Community Service (attach additional pages if needed):

10. Please state your qualifications for position sought (attach additional pages if needed):



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

12. Are you a City employee? Yes _____ No _____

13. Are you employed by the Mayor or any Councilmember in a private capacity? Yes _____ No _____

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

15. Do you own/operate a business in the City of Miami Gardens? Yes _____ No _____

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

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

16. Ethnic Origin:

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

17. 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 on this application is true and accurate.

Signature _____
Applicant

Date _____

THIS APPLICATION WILL REMAIN ON FILE FOR ONE YEAR