

CITY OF TAMARAC APPLICATION FOR BOARD/COMMITTEE APPOINTMENTS

Your Service to our City is Earnestly Solicited

Service on a Board or Committee provides citizens with an opportunity to help shape policy and direction for the City of Tamarac. Tamarac residents are cordially invited to apply for appointment by the City Commission to a Board or Committee.

APPLICATION FOR CITY COMMISSION DISTRICT 2 SEAT

Applicants for the District 2 Commission Seat must be residents of District 2 in the City of Tamarac and must be registered voters in Broward County. Resume's are desired but not required.

Members of City Commission are required to file Financial Disclosure Reports.

Name:	Telephone Number:_()
Jama Addraga:	
Torrie Address.	Zip Code:
E-Mail Address:	
Development/Section Name and Number:	
Commission District Number:	Voting Precinct Number:
-DUCATION:	
EDUCATION:	
Name and location of High School:	
College (if appropriate):	
/ears Completed: Degree:	Field of Study:
Other professional or technical training (Name of school,	, course name, etc.):
EMPLOYMENT:	
Current or last employer:	
Address:	
Position:	
Outies:	

, describe the specific expertise and/	or abilities which you can contribu	ute to the City:
, accorded the openine expertise that	or asimiles which you sail contribe	ше не вне еку.
_		
MEMBERSHIPS:		
	information will be helpful to the r	press if you are appointed; however, it is not
e factor in making appointments.	information will be neighbor to the p	oress if you are appointed, nowever, it is not
Tamarac Organization	Years Member	Office Held (if any)
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	_	
Outside City		
	_	
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	ACKNOWLEDGME	-NIT
	cation.	information will be posted for public re
opointed, I agree to faithfully and ful n, and will comply with all laws o taining to the conduct of public offi ake the statutory oath. I understand tutes. tion 4.02 of the Tamarac Charter po dent of the district in the city they re	ce and the financial disclosure d that if appointed, I must take rovides each member of the c epresent, with the Mayor servi	e requirements to my position. I further a e the oath of office prescribed in the Flo ommission of the City of Tamarac shall
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PLEASE RETURN THIS APPLICATION TO THE CITY CLERK'S OFFICE FOR PROCESSING. City of Tamarac, 7525 Northwest 88 Avenue, Tamarac, FL 33321-2401 (954) 597-3505

CITY OF TAMARAC CONSUMER REPORTING DISCLOSURE AND AUTHORIZATION

By this do	ocum	ent, the City of Tamarac dis	scloses tha	t a c	ons	umer	repo	ort ma	ay be		
obtained	for	employment/appointment	purposes	as	а	part	of	the	pre		
employme	ent/a	ppointment background inve	estigation.								
Print Full Name			Social Security Number*								
Signature	<u> </u>		Date								
o ignataro			Date								
STATE O	F FL	ORIDA									
COUNTY	OF I	BROWARD									
The forgo	ing ir	nstrument was acknowledge	ed before m	e thi	s			d	ay		
of		, 20, by(Name	of Dovos	Λ - Ι		مانده ا	\	, \	who		
is persona	ally k	nown [] OR produced iden	tification []	ACKI .	iOW	ieagin	g)				
Type of ID) pro	duced		_							
Signature	of N	otary Public									
orginaturo	. OI 1 1	otaly i dollo									
Name of Notary Public as Commissioned					Commission Number						

^{*}Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.