

_ _



Your SSN

	Employment Type: 🗅 Full-Time 🗅 Part-Time 🗅 Retire					e 🛯 Retired	
Applicant Information Please print or type.	Name First		Middle	Last		Maiden	
	Address	Street or D.O. Dov		City		State	ZIP Code
				Email Address			
	Date of Birth			_			
	Employer (forme	er employer, if retire	d)				
	Job Title (forme	r job title, if retired)					
	Are you classified for the position you are intending to be a candidate?				Yes	🗖 No	
	Active members: Are you contributing to the ERS?				Yes	🗖 No	
	• Retired members: Are you currently receiving a monthly payroll check from the ERS?				Yes	🗖 No	
Signature Certification	Control, I agree Alabama law. I u	that I am qualified t	o be a candidate for t	his position on the ERS ent to the ERS by the sp	Board and will	obey the respon	sibilities set forth by
Sign Here >	Your Signature				Dat	e	
Please have your signature	State of		, C	ounty of			
acknowledged before a Notary Public.	I, , a Notary Public, hereby certify that the above named individual whose name						
nour, rour,	is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are						
	true. Given und	er my hand this		_ day of	, 20		·
			Signatu	ire of Notary Public			

My Commission Expires _____





Your SSN Applicant Name Information First Middle Last Maiden Please print or type. **Board of Control Responsibilities** Should I be elected to serve as a member of the ERS Board of Control, I agree to: 1. Perform all ERS Board of Control duties required by Code of Alabama 1975 §§ 36-27-1 through 36-27-208. 2. Serve as a trustee of ERS funds. 3. Uphold my fiduciary duty as a member of the ERS Board of Control. 4. Regularly attend and actively participate in ERS Board of Control meetings and committee meetings. 5. Establish appropriate policies for the operation of the ERS. 6. Adhere at all times to the Alabama Code of Ethics which is set forth in Code of Alabama 1975 §§ 36-25-1 through 36-25-30. Signature By signing this Certificate of Assurance, I agree that I will fulfill the responsibilities set forth above in serving as a member of the Certification Employees' Retirement System Board of Control. I understand I must submit this Certificate of Assurance to the ERS by the specified time and date. You must acknowledge your signature before a notary public. Your Signature _____ Date Sign Here → Please have your signature State of ______, County of ______ acknowledged before a ______, a Notary Public, hereby certify that the above named individual whose name Notary Public. I, ___ is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are _____ day of _____ , 20 ____ true. Given under my hand this ____

Signature of Notary Public _____

My Commission Expires _____





	Requires a minimum of fifty (50) qualified signatures.				
Applicant Information Please print or type.	Name First	Middle	Last		Maiden
r lease print or type.	Address				
	Street or P.O. Box		City	State	ZIP Code
	Telephone Number		Email Address		
	Date of Birth				
	Employer (former employer, if retired)				
	Interested Board Position				

Petition Signatures

We, the undersigned members of the Employees' Retirement System (ERS), hereby nominate the person named below for a position on the ERS Board of Control.

Print Full Name	Mailing Address	Agency	Member Signature
	<u></u>		

ERS Board of Control Nomination Petition



Requires a minimum of fifty (50) qualified signatures.

Name _

Petition Signatures

We, the undersigned members of the Employees' Retirement System (ERS), hereby nominate the person named below for a position on the ERS Board of Control.

Print Full Name	Mailing Address	Agency	Member Signature





	Check One: 🗖 TRS 📮 ERS	Employment Type: 🖵 Full-Time 🗖 Part-Time 📮 Retired				
Applicant Information	Name					
Please print or type.	(As you wish it to appear on the ballot)					
	Address Street or P.O. Box	City	State	ZIP Code		
	Telephone Number	Email Address				
	Employer (former employer, if retired)					
	Job Title (former job title, if retired)					
Biographical Information Please provide only factual information. Please do not include	All biographies are prepared in a standard format, which are published at the discretion of the Election Committee. For your reference, please see the enclosed sample biography. Education/Special Courses/Certifications/Etc.:					
campaign statements.						
	Employment History (list current/most recer	nt employment first):				
	Organizational Affiliations (including offices	held)/Other Achievements (list most	recent first):			
Signature Certification	By completing and submitting this biographic	al sketch, I agree that the above represe	nts true and factual inform	nation.		

Sign Here -> Your Signature _____

Date ____

The text below should be used as samples of information to include in your biography. Exact layout may differ based on ballot specifications for a specific election.

Jane Smith

Town of Mid State

Education

B.S., Business, Auburn University M.B.A., University of Alabama

Employment History Clerk, Town of Mid State, 1998-2006 Office Manager, Town of Mid State, 2006-Present

Organizational Affiliations/Other Achievements

Employee of the Month, December 2003 Rotary Club Member, 1998-present Troop Leader, 2011-2017

John Doe

Retired, Any Town School System

Education

B.S., Early Childhood Education, Troy University M.B.A., Jacksonville State University Ed.S., University of South Alabama

Employment History

Teacher, Any Town Elementary School, 2002-2007 Assistant Principal, Any Town Elementary School, 2007-2011 Principal, Any Town Elementary School, 2011-Present

Organizational Affiliations/Other Achievements

Any Town Teacher of the Year, 2006 Elementary Teacher of the Week, 2007