



**Your SSN** \_\_\_\_\_

**Employment Type:** ☐ Full-Time ☐ Part-Time ☐ Retired

**Applicant  
Information**

*Please print or type.*

Name \_\_\_\_\_  
First Middle Last Maiden

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer (former employer, if retired) \_\_\_\_\_

Job Title (former 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**

By signing this Letter of Intent to run for the \_\_\_\_\_ position on the ERS Board of Control, I agree that I am qualified to be a candidate for this position on the ERS Board and will obey the responsibilities set forth by Alabama law. I understand I must submit this Letter of Intent to the ERS by the specified time and date. You must acknowledge your signature before a notary public.

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please have your signature  
acknowledged before a  
Notary Public.*

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_



## ERS Board of Control Certificate of Assurance

Employees' Retirement System of Alabama  
PO Box 302150, Montgomery, Alabama 36130-2150  
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

\_\_\_\_\_

### Applicant Information

*Please print or type.*

Name \_\_\_\_\_  
First Middle Last Maiden

### 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 Certification

By signing this Certificate of Assurance, I agree that I will fulfill the responsibilities set forth above in serving as a member of the 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.

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please have your signature  
acknowledged before a  
Notary Public.*

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_



**Check One:** ☐ TRS ☐ ERS

**Employment Type:** ☐ Full-Time ☐ Part-Time ☐ Retired

**Applicant  
Information**

*Please print or type.*

Name \_\_\_\_\_  
(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  
campaign statements.*

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.:**

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**Employment History (list current/most recent employment first):**

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**Organizational Affiliations (including offices held)/Other Achievements (list most recent first):**

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**Signature  
Certification**

By completing and submitting this biographical sketch, I agree that the above represents true and factual information.

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Election Biographical Information**

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