

**CITY OF OCALA
PENSION BOARD APPLICATION**

1. Name: Arnold Hersh Home Phone: 352-456-9711
2. Home Address: 605 SE 51st AVE
3. City, State, Zip Code: OCALA, FL 34471
4. Business: Retired Business Phone: _____
5. E-mail address: Arnie.Hersh@GMAIL.COM
6. Business Address: _____ Occupation: _____
7. Brief Resume of Education and Experience: BA Electronic technology, I have been the chairman of the Gen Retirement board for 9 years and fully understand the working

8. Are you a resident of Marion County (If so, state length of time) Yes ☒ No ☐
Number of Years 21
9. Do you own property within the City limits? (Please give brief description on reverse side) ** Yes ☒ No ☐
10. Do you reside within the City? Yes ☐ No ☒
11. Do you own a business within the City? Yes ☐ No ☒
12. Are you a registered City voter? Yes ☐ No ☒
13. Do you hold a public office? Yes ☐ No ☒
14. Are you employed by the City? Yes ☐ No ☒
15. At the present time, do you serve on a City Board, Commission Authority or Committee? Yes ☐ No ☒

A board member shall not serve on more than one City board at a time, unless that board is an interim Ad Hoc Committee. Please check the board(s) that you wish to serve on. If you have more than one interest, please number in order of your preference.

- ☐ Firefighters' Pension Board *
- ☒ General Employee Pension Board of Trustees *
- ☐ Ocala Police Officers' Retirement System Board of Trustees *

16. Until such time as you are selected for the board of your choice, can we submit your application when vacancies occur without contacting you each time? Yes ☒ No ☐

17. Why do you think you are qualified to serve on this board? As stated above, I have been on the Gen EMP Pension Board for 9 years until I retired 3 yrs ago

18. I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTAND THIS APPLICATION, THAT ALL INFORMATION FURNISHED BY ME IS TRUE AND ACCURATE AND THAT, TO THE BEST OF MY KNOWLEDGE, I MEET THE CRITERIA FOR SERVING ON THE BOARD FOR WHICH I AM APPLYING.

Signature: _____ Date: 12-8-21

NOTES: (1) Application effective for ONE YEAR from date of completion
(2) If you have questions regarding this application, please call the Office of the City Clerk - 629-8266.
* Requires Financial Disclosure Form (if appointed to board)
** Requires Property Description

RETURN TO: City Clerk's Office, 110 SE Watula Avenue, Ocala, FL 34471

City of Ocala Retirement Board Additional Information Request

EDUCATION

High School

Name/Location of School

AMERICAN INTERNATIONAL SCHOOL IN ISRAEL

Received:

☒ Diploma

☐ Other

☐ None

College, University or Professional School

Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned		Major/Minor Course of Study	Type of Degree Earned
		From	To	QTR	SEM		
<u>Brown Institute</u>	<u>FT. LAUDERDALE</u>		<u>79</u>			<u>Electronics</u>	<u>BA</u>

Job-related Training or Course Work

Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned		Course of Study	Training Completed (Y/N)
		From	To	Class	Clock		

PERIODS OF EMPLOYMENT

Name of Present Employer

Retired

Duties and Responsibilities

Name of Previous Employer

City of Ocala

Duties and Responsibilities

Senior Broadband Network Engineer