



QUESTIONNAIRE FOR BOARD OF TRUSTEES POSITION

The completed form and all information provided is public and subject to disclosure under the Texas Public Information Act.
 Your questionnaire must be submitted in this format. Please do not retype or reformat.
 You may attach additional pages for explanation, if needed. Resumes are not accepted.

Name:		Employer:	
Home Telephone Number:	Work Telephone Number:	Fax Number:	
Email Address:		Mobile Number (Optional):	
Current Classification/Exempt Title and Position as a State Employee:			
Home Address: (Street/P.O. Box, City, State, Zip):		Name and Address of Your Current Employing State Agency:	
County:		County:	
Spouse's Name:		Spouse's Occupation:	
STATE BOARD(S), COMMISSION(S), OR TASK FORCE(S) YOU HAVE SERVED ON:			
EDUCATION/TRAINING:			
High school or equivalent (G.E.D.):		Year Graduated:	
Undergraduate school:		Year Graduated:	
Graduate school:		Year Graduated:	
License/Certification (P.E., R.N., Attorney, C.P.A., etc)	Date Issued	Issued by (State or other authority)	Location of issuing authority (city and state)

Name:

PAST EMPLOYERS WITH DATES AND LOCATIONS (for past 10 years):

CURRENT AND PAST PROFESSIONAL MEMBERSHIPS (for past 5 years):

VOLUNTEER PARTICIPATION (include civic, community, and/or other activities for past 5 years):

**In 250 words or less, please explain why you want to serve on the ERS Board of Trustees.
This statement will be printed verbatim in the election newsletter.**

Name:

What do you believe should be the role and responsibility of an ERS Board Member?

Please describe any experience and expertise you may have in each of the following areas.

1. Investments

2. Insurance

3. Financial management

4. Policy making

5. Oversight of a trust

6. Pension plan administration

7. Employee benefits-related law

8. Trust law

Name:

Are you employed by or participate in the management of a business entity or other organization that receives funds from the Employees Retirement System of Texas? Yes No If yes, give name and details:

Is your spouse employed by, or participate in, the management of a business entity or other organization that receives funds from the Employees Retirement System of Texas? Yes No If yes, give name and details:

Are you a paid officer, employee, or consultant of a Texas trade association* in the field of insurance or investment?

Yes No If yes, provide name(s) and relationship(s):

** For purposes of this and the following question, a Texas trade association is a nonprofit, cooperative, and voluntarily joined association of business or professional competitors in this state designed to assist its members and its industry or profession in dealing with mutual business or professional problems and in promoting their common interest.*

Is your spouse a paid officer, employee, or consultant of a Texas trade association* in the field of insurance or investment?

Yes No If yes, provide name(s) and relationship(s):

Have you ever been registered as a lobbyist or received compensation to represent someone before a local, state, or federal government? Yes No If yes, give details:

Has your spouse ever been registered as a lobbyist or received compensation to represent someone before a local, state, or federal government? Yes No If yes, give details:

Do you own or control, directly or indirectly, more than a 10% interest in a business entity or other organization receiving funds from the Employees Retirement System of Texas? Yes No If yes, give details:

Does your spouse own or control, directly or indirectly, more than a 10% interest in a business entity or other organization receiving funds from the Employees Retirement System of Texas? Yes No If yes, give details:

Have you ever been convicted of a felony? Yes No If yes, give details:

Do you believe there is any reason that you would not qualify for coverage under a fidelity/honesty bond? Yes No If yes, give details:

Name:

Have you ever retired from Texas State Government? Yes No If yes, please provide retirement date and class from which you retired.

Do you have any relatives working for ERS? Yes No If yes, give details:

Do you have any relatives on the ERS Board of Trustees? Yes No If yes, give details:

CERTIFICATION OF CANDIDATE

I hereby certify that the foregoing and any attached statements are true, accurate, and complete. I understand that any misstatement, misrepresentation, or omission of a fact may result in my disqualification as a candidate for the Board of Trustees. I further certify I have read and understood the Employees Retirement System of Texas Board of Trustees eligibility requirements and election criteria contained in Texas Government Code §815.001 - §815.008 and Title 34, Texas Administrative Code §§63.3 and 63.4.

I understand that a background check may be conducted with the Texas Department of Public Safety and/or the Federal Bureau of Investigation. My signature below authorizes ERS to conduct such background checks.

I understand that once selected to the Board, I am required to serve on the Board and to submit a personal financial statement with the Texas Ethics Commission.

I authorize any of the persons or organizations referenced in this questionnaire to give ERS or any of its representatives any and all information concerning my previous employment, education, experience, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to ERS or any of its representatives.

Signature of Candidate

Date

Printed name

Date of Birth

Driver's License # or DPS I.D. #

Return to:
Employees Retirement System of Texas
Attention: Trustee Election
P.O. Box 13207
Austin, Texas 78711-3207

www.ers.state.tx.us