



# 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.

<b>Name</b>		<b>Employer</b> (If retired, please write "Retired" below.)	
<b>Personal telephone number</b> (home or mobile)		<b>Work telephone number</b> (if employed)	
<b>Email address</b>			
<b>Current classification/exempt title and position as a state employee</b> (If retired, please write "Retired" below.)			
<b>Home address</b> (street/P.O. box, city, state, ZIP)		<b>Name and address of your current employing state agency</b> (If retired, please write "Retired" below.)	
<b>County of residence</b>		<b>Working county</b> (If retired, please write "Retired" below.)	
<b>Spouse's name</b>		<b>Spouse's occupation</b>	
<b>State board(s), commissions(s) or task force(s) you have served on</b>			
<b>Education/training</b>			
High school or equivalent (G.E.D.)		Year graduated	
Undergraduate school		Year graduated	
Graduate school		Year graduated	
<b>License/certification</b> (P.E., R.N., Attorney, C.P.A., etc.)	<b>Date issued</b>	<b>Issued by</b> (state or other authority)	<b>Location of issuing authority</b> (city and state)

Name

**Past employers with dates and locations for past 10 years (If retired for more than 10 years, then write "None.")**

**Current and past professional memberships (for past five years)**

**Volunteer participation (include civic, community and other activities for past five years)**

**In 250 words or less (1,750 characters), 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 ERS, or have you been employed by ERS within the last six (6) years? Yes No  
If yes, provide details below.

Are you employed by or do you 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 details.

Is your spouse employed by or does s/he 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 details.

Have you ever been required to register 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 required to register 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 have knowledge of any fact that would disqualify you for coverage under a fidelity/honesty bond?  
Yes No If yes, give details.

Have you ever retired from Texas state government? Yes No If yes, please provide retirement date.

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.

Name \_\_\_\_\_

**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).**

**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 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.

### 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 elected to the Board, I am required to serve on the Board and to submit a personal financial statement to the Texas Ethics Commission.

I authorize any of the persons and organizations referenced in this questionnaire to give ERS and any of its representatives all information concerning my previous employment, education, experience and 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 for damages which may result from furnishing such information to ERS.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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

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

Return to:  
Employees Retirement System of Texas  
Attention: Trustees Election  
P.O. Box 13207  
Austin, Texas 78711-3207  
[www.ers.texas.gov](http://www.ers.texas.gov)