



APPLICATION FOR BOARD OF EDUCATION MEMBER

Name: _____
(First) (M.I.) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Current Place of Employment: _____

Occupation: _____

Employment History: (List most recent position first)

Organization	Position	Dates

Education:

School Name	Major/Course	Dates	Degree

Civic or Professional Organization Memberships:

References:

Name	Address	Phone

Are you 18 years or older? Yes No

Are you a registered voter in the school district? Yes No

Have you ever been arrested for or convicted of a felony? Yes No

Do you have children of school age? Yes No

Do your children attend our schools? Yes No

Is any member of your immediate family an employee of the district? Yes No

If yes, whom? _____
(Name)

(Position)

Signature of Applicant

Date