

## APPLICATION FOR MEMBER BOARD OF EDUCATION

School District

Name (First, Middle, Last):	
Address:	
City/State/Zip Code:	
Home Phone:	
Work Phone:	
Occupation:	
Current Place of Employment:	

Employment History: (List most recent position first)

Dates	Position	Organization

## 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 school system? Yes No
If yes, whom?(position)

Signature of Applicant

Date