

Education:

School Name	Major Course	Dates	Degree

Civic or Professional Organization Memberships:

References:

Name	Address	Phone Number

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 Attending our District? ___Yes ___No

Is any member of your immediate family an employee of the District? ___Yes ___No

If yes, whom? _____(name) _____(position)

Why are you interested in this position?

What qualities and characteristics do you possess that would make you an asset to the Board?

Signature of Applicant

Date