

APPLICATION FOR LOCAL SCHOOL BOARD APPOINTMENT

Name of School District _____		County Board Division # _____	
Name _____			
Last	First	Middle	
Address _____			
Street, RFD, or Box	City	State	Zip Code
Telephone _____			
Business		Home	
_____ Optional _____			
Date of Birth _____		Social Security Number _____	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Other _____	

1. Are you presently employed by the city or county government where you reside? Yes No
 Does the city or county school board where you reside presently employ you? Yes No
 If Yes, what is your job? _____

2. Do you have any relatives employed by the school district? Yes No
 If Yes, what is their job? _____
 If Yes, indicate your relationship to them:
 father mother brother husband wife son daughter
 sister uncle son-in-law daughter-in-law Other _____

3. Do you currently hold any civil or political office or any state office requiring the Constitutional Oath of Office? Yes No
 If Yes, identify _____

4. Do you own or are you a stockholder in a business involved in sales or other contracts with the school board or with individual schools of the district? Yes No
 If Yes, identify _____

5. Do you work for a company that provides any goods or services to the school district or with the individual schools of the district? Do you receive any commissions or other benefits as a result of any contracts or business with the school district? Yes No
 If Yes, describe _____

6. Have you ever been fined or convicted for violation of any law? Are you now facing any charges for any violation of law? Yes No
 If Yes, describe _____

7. Do you serve on any county, city or joint agency boards? Yes No
 If Yes, please describe the responsibilities of the board(s) and of your position. _____

8. Please circle the highest grade of formal education you have completed:
- | | | | |
|-----------------|-------------|---------|-----------------|
| GRADE SCHOOL | HIGH SCHOOL | COLLEGE | GRADUATE SCHOOL |
| 1 2 3 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |

High School Attended	Address	Dates Attended/Graduated
College/University Attended	Address	Dates Attended/Degree
Graduate Schools Attended	Address	Dates Attended/Degree

9. If you did not graduate from high school, have you passed a GED test? Yes No

10. List schools or school related activities in which you are currently involved or with which you have had previous involvement _____
- _____
- _____

11. Work Experience

a. _____

Current Employer Name	Address
Date of Employment	Duties

b. _____

Previous Employer Name	Address
Date of Employment	Duties

c. _____

Previous Employer Name	Address
Date of Employment	Duties

12. Please describe your understanding of and commitment to the public education in Kentucky.
- _____
- _____
- _____
- _____
- _____
- _____
- _____

SIGNATURE _____ DATE _____

**Send application to: Commissioner of Education
First Floor, Capital Plaza Tower, 500 Mero Street
Frankfort, KY 40601**

The Kentucky Department of Education does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

KENTUCKY DEPARTMENT OF EDUCATION
Office of Legal and Legislative Services

**RESIDENCE AND
VOTER REGISTRATION CERTIFICATION for
SCHOOL BOARD APPOINTMENT**

DEAR COUNTY CLERK:
PLEASE COMPLETE THIS FORM AS IT APPLIES TO THE LEGAL
RESIDENCE OF THE APPLICANT

COUNTY SCHOOL DISTRICT

_____ who resides at _____
NAME ADDRESS

Is a resident of and registered voter in

Educational Division # _____

in the _____ County School District.

INDEPENDENT SCHOOL DISTRICT

_____ who resides at _____
NAME ADDRESS

is a resident of and registered voter

in the _____ Independent School District.

Certified by:

_____ County Clerks Office

On _____
(Date)

Applicants should have this form completed by the County Clerk and return it to the Commissioner of Education along with their application.



REQUEST FOR CONVICTION RECORDS - EMPLOYMENT/PROFESSIONAL LICENSE

Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Kentucky Department of Education Frankfort, KY 40601
Agency/Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I am requesting that the Kentucky State Police provide the above named agency/organization with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
First Middle Last Maiden

ADDRESS: _____
Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature _____ Date _____ Witness _____ Date _____

INSTRUCTIONS:

Make sure that all application information is complete and correct.

Return this form along with application to:

Kentucky Department of Education
500 Mero Street
Frankfort, KY 40601