



**ALLENDALE PUBLIC SCHOOLS
APPLICATION FOR BOARD OF EDUCATION MEMBER**

Please complete this application form and return it with a letter of interest to the Board Secretary's Office at 100 Brookside Avenue by Thursday, December 3, 2020 no later than 4:00 pm, or via email to mengeleit@allendalek8.com

APPLICANT INFORMATION

FULL NAME: _____ **DATE:** _____
Last First M.I.

ADDRESS: _____
Street Address City/State/Zip Code

PHONE: _____ **EMAIL:** _____

How long have you been a resident of Allendale? _____

Do you meet all legal requirements to qualify as a Board of Education member? _____
Yes No

Have you ever been convicted of a felony? _____
Yes No

If yes, please explain: _____

Please be advised that all Board of Education members must undergo a criminal history check and be fingerprinted within 30 days of being sworn in.

EDUCATION

Institution: _____ Address: _____

Graduation Date: _____ Degree: _____

Institution: _____ Address: _____

Graduation Date: _____ Degree: _____

Institution: _____ Address: _____

Graduation Date: _____ Degree: _____

WORK HISTORY

Company: _____ Address/Phone: _____
Job Title: _____ Dates of Employment: _____
Job Responsibilities: _____

Company: _____ Address/Phone: _____
Job Title: _____ Dates of Employment: _____
Job Responsibilities: _____

Company: _____ Address/Phone: _____
Job Title: _____ Dates of Employment: _____
Job Responsibilities: _____

LIFE SKILLS POSSESSED RELATED TO THE POSITION OF SCHOOL BOARD MEMBER

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____