APPLICATION FOR
LOCAL BOARD OF EDUCATION APPOINTMENT

Name of School District ____________________________ If county board of education, Board Division # ______________

Name

Last ____________________________ First ______________ Middle ______________

Address

Street or Box # ____________________________ State ______________ Zip Code ______________

Telephone

Business ______________ Home ______________ Cell ______________

1. Have you been a citizen of Kentucky for a minimum of at least the last three (3) years? □ Yes □ No

2. Are you an officer of, or employed by, any city, county, consolidated local government or other municipality? □ Yes □ No

3. Does the city or county school board where you reside presently employ you? □ Yes □ No

4. Do you have any relatives employed by the school district?
   □ Yes □ No
   If Yes, please indicate their relationship to you:
   □ brother □ sister □ husband □ wife □ son □ daughter □ father □ mother
   □ Other ____________________________

5. Do you currently hold any elective federal, state, county, or city office? □ Yes □ No
   If Yes, identify ____________________________

6. 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 ____________________________

7. 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 ____________________________

8. 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 ____________________________

9. Do you serve on any county, city or joint agency government boards? □ Yes □ No
   If Yes, describe ____________________________

10. Do you currently hold a leadership position with any organization that provides financial support or raises funds in the name of the district, a school in the district, or students of the district? □ Yes □ No
11. Please circle the highest grade of formal education you have completed:

<table>
<thead>
<tr>
<th>GRADE SCHOOL</th>
<th>HIGH SCHOOL</th>
<th>COLLEGE</th>
<th>GRADUATE SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8</td>
<td>9 10 11 12</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Please include, with this application, a transcript evidencing completion of the twelfth (12) grade or, if appropriate, the results of a twelfth (12) grade equivalency examination.

<table>
<thead>
<tr>
<th>High School Attended</th>
<th>Address</th>
<th>Dates Attended/Graduated</th>
</tr>
</thead>
<tbody>
<tr>
<td>College/University Attended</td>
<td>Address</td>
<td>Dates Attended/Degree</td>
</tr>
<tr>
<td>Graduate Schools Attended</td>
<td>Address</td>
<td>Dates Attended/Degree</td>
</tr>
</tbody>
</table>

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

__________________________________________________________________________
__________________________________________________________________________

13. Work Experience

a. Current Employer
   Address
   Date of Employment
   Duties

b. Previous Employer
   Address
   Dates of Employment
   Duties

c. Previous Employer
   Address
   Dates of Employment
   Duties

14. Please describe your understanding of and commitment to public education in Kentucky.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

SIGNATURE ___________________________ DATE ___________________________

Send application to: Kentucky Department of Education
Commissioner of Education
300 Sower Blvd, 5th Floor
Frankfort, Kentucky 40601

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

FOR OFFICE USE ONLY. BD___________________ #___________________
COUNTY CLERK'S CERTIFICATION
RESIDENCE AND VOTER REGISTRATION
FOR SCHOOL BOARD APPOINTMENT

DEAR COUNTY CLERK:
PLEASE COMPLETE THIS FORM AS IT APPLIES TO THE LEGAL RESIDENCE
STATUS OF THE APPLICANT FOR SCHOOL BOARD APPOINTMENT

COUNTY SCHOOL DISTRICT

_________ who resides at _________

Name _________ Address _________

IS A RESIDENT OF AND REGISTERED VOTER OF

EDUCATION 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 Clerk’s Office

On ____________________________ (Date)

Applicants should have this form competed 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 is released to:

<table>
<thead>
<tr>
<th>Kentucky Commissioner of Education, Frankfort, KY 40601</th>
</tr>
</thead>
</table>

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 all application information is complete and correct.

Return this form along with application to: Kentucky Department of Education
Commissioner of Education
300 Sower Blvd, 5th Floor
Frankfort, KY 40601