APPLICATION FOR
LOCAL BOARD OF EDUCATION APPOINTMENT

Rev. Sept. 16

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

Name _____
Last First Middle

Address _____
Street or Box # City State Zip Code

Telephone _____
Business Home Cell

_____ OPTIONAL _____

Racial Minority ☐ Yes ☐ No Hispanic ☐ Yes ☐ No Other Diversity _____

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 your relationship to them:
   ☐ father ☐mother ☐brother ☐sister ☐ husband ☐wife ☐son ☐ daughter
   ☐ uncle ☐aunt ☐ son-in-law ☐ daughter-in-law ☐ Other _____

5. Do you currently hold any civil or political office or any state office requiring the Constitutional Oath of 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 your 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 _____

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

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 _____
Date of Employment _____ Duties _____

c. _____
Previous Employer _____ Address _____
Date of Employment _____ Duties _____

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

_____

SIGNATURE_____DATE_____

Send application to: Commissioner of Education
5th Floor, 300 Building, Sower Boulevard
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_____ #_____

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 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 Clerks 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:

Kentucky Commissioner 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 all application information is complete and correct.

Return this form along with application to:

Kentucky Commissioner of Education
5th Floor, 300 Building
Sower Boulevard
Frankfort, KY 40601