



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 #		o	State Zip Code
Telephone _____			
_____	_____	_____	_____
Business		Home	Cell
OPTIONAL _____			
Racial Minority <input type="checkbox"/> Yes <input type="checkbox"/> No Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: 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 _____ # _____

**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 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 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 Department of Education
Commissioner of Education
300 Sower Blvd, 5th Floor
Frankfort, KY 40601