

APPLICATION FOR MEMBER BOARD OF EDUCATION

_____

Adams County Ohio Valley School District

Name (First, Middle, Last): _____
Address: _____
City/State/Zip Code: _____
Home Phone: _____
Work Phone: _____
Occupation: _____
Current Place of Employment: _____

Employment History: (List most recent position first)

Dates	Position	Organization

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Education:

School Name	Major/Course	Dates	Degree

Civic or Professional Organization Memberships:

_____
_____
_____

References:

Name	Address	Phone

Are you 18 years or older? ☐ Yes ☐ No
Are you a registered voter in the school district? ☐ Yes ☐ No
Have you ever been arrested for or convicted of a felony? ☐ Yes ☐ No
Do you have children of school age? ☐ Yes ☐ No
Do your children attend our schools? ☐ Yes ☐ No
Is any member of your immediate family an employee of the school system? ☐ Yes ☐ No
If yes, whom? _____ (name) _____(position)

_____ _____
Signature of Applicant Date

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