



APPLICATION FOR MEMBER BOARD OF EDUCATION

Milton-Union Exempted Village

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

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