



APPLICATION FOR MEMBER OF THE BOARD OF EDUCATION  
OLMSTED FALLS CITY SCHOOL DISTRICT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

**Employment History (list most recent position first):**

Dates	Position	Organization

**Education:**

School Name	Major/Concentration	Dates of Attendance	Degree/Credential



**Civic or Professional Organizations/Memberships:**

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**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 and position)

Please tell us why you would like to be considered:

*(You may attach additional record if more space is needed.)*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date