



**APPLICATION FOR MEMBER BOARD OF EDUCATION
PIKE-DELTA-YORK LOCAL 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