

Marion Community Unit School District #2 Board Member Application

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(Title)		(First)	(Middle Initial)	(Last)	
<u>dress</u>					
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y:	State:	Zip Co	ode: Tov	vnship: $_$	
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me/Cell Phone:					
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Name & Location Name & Location	Colleges, Dates Attended Ce Vork experien mation: Contact Inform	Universities and Techniques Major Area of Study	Minor Area of Study most recent:	Degree	Conferred or Expected

Position:				
Employer Contact information:				
Supervisor/Reference Contact Information:				
Responsibilities /Accomplishments at this Position:				
Position:				
Employer Contact information:				
Supervisor/Reference Contact Information:				
Responsibilities /Accomplishments at this Position:				
Professional/Personal References				
Name:				
Home Phone:				
Cell Phone:				
Email:				
Relationship to Candidate:				
Years Known:				
Name:				
Home Phone:				
Cell Phone:				
Email.				
Relationship to Candidate:				
Years Known:				
Name:				
Home Phone:				
Cell Phone:				
Email:				
Relationship to Candidate:				
Years Known:				
Disclosures				
Are you a relative of any employee(s) currently serving the School District?				
If yes, please answer the following questions:				
Name:				
Position:				
Relationship:				
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Name:				
Position:				
Relationship:				
Do you have any students in the School District?				
If yes, please answer the following questions:				
Name:School Attending:				
Name:				
School Attending:				

Name:	
School Attending:	
Legal Information Please note: Applicants are not obligated to disclo	ose sealed or expunged records of conviction or arrest.
Have you ever been convicted of a criminal offens traffic violation?	e other than a minor
If yes, please explain (give dates):	
If yes, please explain (give dates):	buse filed in your name?
Does your name appear on any Sex Offender Data	abase in any state or country?
Are you a resident of Illinois and the District for at	least one year immediately preceding appointment: Yes No
Are you a United States Citizen: Yes No	Are you at least 18 years of age: Yes No
Are you a registered voter: Yes No	Do you hold another incompatible public office: Yes No
Do you have a prohibited interest in any contract v	with the District: Yes No
Applicant's Acknowledgement and Agreement	
information given is found to be false in any appointment. I authorize the use of any informat employers, all references and any other person to	s application is true in all respects, and I agree that if the way, it shall be considered sufficient cause for denial of tion in the application to verify my statement, and I authorize answer all questions asked concerning my ability, character, release all such persons from any liability or damages on
This mandatory training includes "Professional Meetings Act Training for Board Members." The financial oversight and accountability, and fide Performance Evaluation Reform Act (PERA) evaluation.	nool board member training required by the State of Illinois. all Development Leadership Training (PDLT)." and "Open his training includes instruction in education and labor law, uciary responsibilities. In addition, it includes training on aluations for school board members who will participate in a ternative Evaluation Dismissal Process. The Open Meetings pplies to school board meetings and members.
Applicant's Signature	 Date
Application Received By:	 Date