



Public School Academy Board Member Reappointment Application

Academy Name: _____

Full Name: _____
First Middle Last

Alias/Maiden Name: _____

Home Address: _____
Street City State Zip County

Employer: _____ Position/Job Title: _____

Employer Address: _____
Street City State Zip County

Home Number: _____ Work Number: _____

Email: _____

Spouse's Name: _____
First Middle Last

Are you a United States citizen? Y N

Are you a Michigan resident? Y N

Do you have children who attend the Academy? Y N

Highest educational degree obtained:

- High School/GED Associate Degree Bachelor's Degree Master's Degree
 Doctor/Doctorate Degree Trade/Business School

Do you hold any professional licenses? Y N

If yes, please list all professional licenses: _____



Criminal Background Check Consent and Certification

First Name Middle Name Last Name Suffix

Date of Birth: _____ Gender: _____

Race: African American American Indian or Alaskan Native
 Asian or Pacific Islander Caucasian Other/Unknown

Have you ever lived outside the United States? Y N

Have you ever resided outside the state of Michigan in the last ten years? Y N

If yes, please provide the address(es) below:

Street City State Zip County

Street City State Zip County

Street City State Zip County

I consent to the release of information concerning my ability and fitness for the position to which I seek to be appointed by my employer(s), school, law enforcement agencies, and other individuals and organizations, subject to any restrictions which I have included, to Bay Mills Community College Board of Regents and the Community College’s Legal Counsel. I specifically authorize Bay Mills Community College Board of Regents to do a criminal background check on me with the applicable state and federal law enforcement agencies.

By my signature I assert and certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Signature _____ Date _____