PUBLIC SCHOOL ACADEMY BOARD MEMBER APPOINTMENT APPLICATION

APPLICANT INFORMATION

Public School Academy Name	
Courtesy Title *(Mr., Mrs., Dr., etc.)*	
Full Legal Name *(First, Middle, Last)*	
Preferred Name *(If different from above)*	
Alias/Maiden Name	
Spouse Full Name *(First, Middle, Last)*	
Home Address Line 1	
Home Address Line 2	
City, State, Zip	
Email Address	
Home Phone	
Cell Phone	

Are you a United States Citizen? ☐ Yes ☐ No

Are you a Michigan Resident? ☐ Yes ☐ No

Do you have children who attend the Public School Academy? ☐ Yes ☐ No

EDUCATION

Highest Level of Education:

☐ High School/GED ☐ Trade/Business School ☐ Associate Degree

☐ Bachelor's Degree ☐ Master's Degree ☐ Doctor/Doctorate Degree

EMPLOYER INFORMATION

Employer Name	
Position/Title	
Employer Address Line 1	
Employer Address Line 2	
City, State, Zip	
Country	
Work Phone	

Do you hold any professional licenses? If yes, please list all professional licenses: ☐ Yes ☐ No

PERSONAL REFERENCES

Reference Name	Phone Number	Relationship to Applicant

CONFLICT OF INTEREST

For the following questions, all "Yes answers require a detailed explanation. Use a separate sheet of paper if necessary.

1. Will you or your spouse have any contractual agreement with the Academy? ☐ Yes ☐ No

2. Will you or your spouse have any ownership interest in a management company that contracts with the Academy? ☐ Yes ☐ No

3. Have you or your spouse guaranteed any loans for the Academy? ☐ Yes ☐ No

4. Will you or your spouse lease or sell any real property to the Academy? ☐ Yes ☐ No

5. Will you or your spouse be employed at the Academy, either as an employee of the Academy or as an employee of the management company contracted by the Academy? ☐ Yes ☐ No

6. Will you or your spouse sell any supplies, materials, equipment, or other personal property to the Academy? ☐ Yes ☐ No

7. Have you or your spouse provided any start-up funds to the Academy? If yes, how much money? ☐ Yes ☐ No

8. Do you or your spouse, or other close family members have ownership interest, whether direct or indirect, in any corporation, partnership association, or other legal entities which will enter into a contract with the Academy? ☐ Yes ☐ No

9. Please describe any other matter in which you are involved which could be considered incompatible or a conflict of interest with the discharge of the duties in your position as an Academy board member. Describe anything incompatibility or conflict of interest that may impair your independence of judgement or action in the performance of the duties of that position. If there is no such matter, please state that.

ETHICAL MATTERS

For the following questions, all "Yes" answers require a detailed explanation. Use a separate sheet of paper if necessary.

1. Have you ever been cited for an ethics violation or unprofessional conduct? ☐ Yes ☐ No

2. Have you ever been named in a complaint filed with a court, administrative agency, professional association, disciplinary committee, or other professional group? ☐ Yes ☐ No

3. Have you ever been convicted of, pleaded guilty or nolo contendere to, or forfeited collateral for, any criminal violation other than a minor traffic offense? Minor traffic offenses do not include operating under the influence of liquor, operating while impaired, reckless driving, or equivalent offenses in other states. ☐ Yes ☐ No

4. Are you currently under charges for any violation of the law? ☐ Yes ☐ No

5. Have you ever been convicted by a military court? ☐ Yes ☐ No

6. Have you ever been imprisoned, placed on probation, or placed on parole? ☐ Yes ☐ No

7. Are you currently, or have you ever been, a party in an administrative proceeding or civil litigation related in any way to the position for which you seek appointment? ☐ Yes ☐ No

8. Has any business in which you, your spouse, a close family member, or a business associate is or was an officer, director, or partner been involved in administrative proceedings or civil litigation relevant to the position in which you seek appointment? Include only proceedings or litigation that occurred during the person's affiliation with the business? ☐ Yes ☐ No

9. Please provide any additional information, favorable or unfavorable, that you believe should be considered in connection with your appointment.

10. Have you ever had any previous government appointment? ☐ Yes ☐ No

11. List all government experience at the local, state, or federal level. This excludes elective public office, but includes advisory, consultative, honorary, in other part time service or position. Please include the dates of service.

12. List all elective public offices you have sought and/or held with dates of service.

13. Will your service in another public office constitute a conflict of interest with your duties as an Academy board member? ☐ Yes ☐ No

14. List all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognition for outstanding service or achievement.

15. Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? ☐ Yes ☐ No

16. If you have additional abilities, other than those listed above, that qualifies you to hold the position as Academy board member and is relevant to this position, please list them.

CRIMINAL BACKGROUND CHECK CONSENT AND CERTIFICATION

Full Legal Name: _____
First Middle Last Suffix

Date of Birth: _____/ _____ / _____ Gender: ☐ Male ☐ Female
Month Day Year

Race *(select one)*: ☐ African American ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander

☐ Caucasian ☐ Other/Unknown

Have you ever lived outside the United States? ☐ Yes ☐ No

Have you resided outside the State of Michigan at any time during the past ten years? If yes, provide the address(es) below. Attach an additional sheet if needed. ☐ Yes ☐ No

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.

Applicant Signature _____ Date _____