PUBLIC SCHOOL ACADEMY BOARD MEMBER REAPPOINTMENT 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

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 _____