

SUPPLEMENTAL APPLICATION SRPMIC EDUCATION BOARD

IF APPOINTED, COMPLETE DRUG SCREENING, BACKGROUND CHECK AND FINGERPRINT CLEARANCE ARE REQUIRED.

Full Name: _____ Date: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Are you an enrolled SRPMIC member? ☐ Yes ☐ No Census/Enrollment #: _____

Have you ever been convicted of Crimes against Persons? ☐ Yes ☐ No (use back page to explain)

Submitting application for: ☐ Regular Board Member ☐ Professional Board Member
(must hold a college degree from a 4-year accredited university)

EDUCATION:

High School: _____ College/Technical Institution: _____

Degree: _____

EMPLOYMENT:

Are you currently employed? ☐ Yes ☐ No If so, where: _____

May we contact you at work? ☐ Yes ☐ No Work Phone: (____) _____

Occasionally, Education issues require immediate attention; is your employer/supervisor willing to allow time-off to address Education Board duties? (Explain in detail)

EDUCATION STATEMENT

IN HANDWRITTEN FORM ADDRESS THE FOLLOWING. (USE ADDITIONAL SHEET IF NECESSARY)

- Why you desire to become a Board Member
- Your philosophy of education
- Any unique qualities or skills you have that would contribute to your success as a Board Member

Signature: _____

Date: _____

[illegible]

Date: _____