Application For School Board

PECATONICA AREA SCHOOL DISTRICT

704 Cross Street P.O. Box 117

Phone: (608) 523-4248 Fax: (608) 523-4286

Blanchardville, WI 53516

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Pecatonica District Office. Applicants must meet residency and age requirements at the time of appointment.

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Position applied forDate of application/						/ /
Name	First				Middle	
Address	City				State	Zip
	email address:					
Telephone # ()	Mobile/Beeper/Other Phone # ()					
Skills and Qualifications (Plwith the application.)1. Please summarize your experiences and2. What do you view as the greatest strengths?3. What do you view as the greatest chall to address these challenges?	nd qualifications related to youngths of the Pecatonica Area	our interest School Dis	in serving	on the Pecatonica A	Area School B	oard. Board support and
Educational Background (if j	iob related)					
NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY		
HIGH SCHOOL						
COLLEGE		MAJOR	DEGREE			
OTHER			· k			
OTHER						
OTHER						
References				k		
N	AME		()	DNE	NUMBER OF YEARS KNOWN
Signature of Applicant					Date	/ /

The Pecatonica Area School District is committed to a policy of nondiscrimination in relation to race, religion, sex or sexual orientation, age, national origin, handicap, marital status, political affiliation, arrest or conviction record except as may be required by laws governing holders of public office, or other factors provided for by state and federal laws. This policy will prevail in all matters concerning staff, students, the public, educational programs and services, and individuals with whom the board does business.