
**PERSONNEL INFORMATION FOR SCHOOL OWNERS,
CHIEF ADMINISTRATORS & FACULTY**

Respondent's Name: _____ Date: _____

Permanent Address: _____

_____ Telephone Number: _____

School Name: _____

Position at School: _____

License No. (if applicable): _____

Expected date of Employment: _____ Full-time _____ Part-time _____

Primary Responsibility or Subject to be taught: _____

Other Responsibilities _____

Complete Record of Respondent's Education:

	Name of School	Location of School <i>City, State</i>	Course of Study / Major	Dates of Attendance (Beginning & Ending)	Diploma or Certificate Earned
High School or Academy					
Trade or Technical School					*
College or University**					*

***Submit copies of degree, certificate or diploma**

****College graduates must also submit copies of transcripts**

If additional space is required to respond fully, please provide the information on a separate attachment and indicate which questions you are answering.

3. To what professional organizations do you belong?

4. Employers during the last 10 years:

Dates Employed Month & Year (To / From)	Position Held / Title	Name of Company	Location of Employer <i>City, State</i>

5. Have you ever been convicted of any violation of law other than a minor traffic violation?
Yes _____ No _____. If yes, give date(s), place(s) of conviction, charge(s) and disposition of each case.

6. Have you ever had a diploma, credential, license or certificate denied, revoked or suspended?
Yes _____ No _____. If yes, explain fully.

7. Have you ever been found guilty of, pleaded guilty to, or entered a plea of *nolo contendere* to a charge of immoral conduct? Yes _____ No _____. If yes, explain fully.

8. Have you ever been dismissed from any position for immoral or unprofessional conduct?
Yes _____ No _____. If yes, explain fully.

9. Affidavit by Respondent

I hereby certify that the information given on these pages and on any attached statements is true and correct to the best of my knowledge.

_____ *Date*

_____ *Signature*

10. Affidavit by Chief School Administrator

I hereby certify that the information given on these pages and on any attached statements is true and correct to the best of my knowledge.

_____ *Date*

_____ *Signature & Title*

If additional space is required to respond fully, please provide the information on a separate attachment and indicate which questions you are answering.

PLEASE DO NOT WRITE BELOW THIS LINE

Date Received _____ Date Approved _____
Date Reviewed _____ Reviewed by: _____