



Muskegon Heights Public Schools

2603 Leahy Street • Muskegon Heights, MI 49444 • Phone 231-830-3221 Fax 231-830-3560

Public School Academy Board Application

PSA Applicant and Board Director Application

The Muskegon Heights Public Schools appreciates your interest to serve as a Muskegon Heights Public School Academy System Board Member.

If you are approved to serve on an Muskegon Heights Public School Academy System Board Member, your role is to set policy, maintain the school's vision and/or mission, promote educational excellence through advocacy, visionary leadership, and high quality services to Muskegon Heights Public Schools authorized public schools as well as to ensure that the school complies with its charter and applicable law.

All Muskegon Heights Public School Academy System board members are expected by Muskegon Heights Public Schools to participate in board training offered by the MASB. Upon approval by the Muskegon Heights Public Schools Board Members, a board packet will be given to each newly appointed board member.

Muskegon Heights Public School Academy System Board Members are public officials appointed by the Muskegon Heights Public Schools Board Members. All potential Muskegon Heights Public School Academy System Board Members are required to complete this application fully; please do not leave any blanks. All supporting documentation must be attached at the time of application.

The Muskegon Heights Public Schools Board Members requires each Muskegon Heights Public School Academy System Board nominee to undergo a person background check. Applications will **not** be processed, nor will a name be submitted to the Muskegon Heights Public Schools Board Members, without the results from the personal background check. For background check instructions, please see page 8.

To complete this form, you may type your information directly into the fields using your computer, and then print a paper copy of the completed application. Or, you can print a blank paper copy first and fill in the fields by hand. In either case, sign the completed paper copy and send it to the Muskegon Heights Public School Academy System Office by mail or fax, using the information below. For your protection, do not email the completed PDF as an attachment using unsecured email. Additionally, if you choose e-mail the PDF and it does not include hand-written signatures where applicable, the office will be unable to process your application. If you would prefer to submit your application electronically please visit the Muskegon Heights Public School Academy System website at www.mhtigers.org to access the on-line application.

Please print off and mail your completed application to:

**Muskegon Heights Public School Academy System
Administration Office
2441 Sanford Street
Muskegon Heights, MI 49444
Telephone: (231) 830-3703
Facsimile: (231) 830-3755**

You may also call our main office at (231) 830-3703 to receive an application by mail

Personal Information

Please neatly print or type the following information:

I hereby request appointment to the _____ board of directors
Academy Name

Name: _____
First Middle Last

Date of Birth: _____

Home Address: _____
Street County

City State Zip

Employer: _____ Position/Job Title _____

Employer Address: _____
Street Number

City State Zip

Home Number: _____ Work Number: _____

Fax Number: _____ E-mail Address: _____

Spouse's Name _____
First Middle Last

Are you a United States Citizen? Yes No Are you a Michigan resident? Yes No

Do you have children? If so, what are their ages? _____

Education History

High School _____ City/State _____

Graduation Date _____
Month/Year

Undergraduate Institutions (B.A.; B.S.; B.B.A.; etc.)

Institution Name _____ Graduation Date _____
Month/Year

Major _____ Minor _____

Concentration/Degree _____

Institution Name _____ Graduation Date _____
Month/Year

Major _____ Minor _____

Concentration/Degree _____

Post-Graduate and Professional Institutions (M.A.; M.S.; M.B.A., M.Ed.; Ph.D., J.D., M.D., etc.)

Institution Name _____	Graduation Date: _____ Month/Year
Concentration/Degree _____	
Institution Name _____	Graduation Date: _____ Month/Year
Concentration/Degree _____	
Institution Name _____	Graduation Date: _____ Month/Year
Concentration/Degree _____	

Employment Experience

Please list your employment experience for the past 10 years. Please use an additional sheet if necessary

Employer _____	Dates of Employment: _____ Month/Year
Job Title _____	
Employer _____	Dates of Employment: _____ Month/Year
Job Title _____	
Employer _____	Dates of Employment: _____ Month/Year
Job Title _____	
Employer _____	Dates of Employment: _____ Month/Year
Job Title _____	
Employer _____	Dates of Employment: _____ Month/Year
Job Title _____	

Do you hold any professional licenses? If so, please describe the licenses including the license numbers:

What special skills could you bring to the public school academy board?

Additional Qualifications

Please answer the following five (5) questions if applicable. Please use a separate sheet if necessary.

1. <u>Government Experiences:</u> List any experience in, or association with, local, state or federal government (exclusive of elective public office but including advisory, consultative, current or previous appointments, honorary, or other part-time service or position), with dates of services.
2. <u>Elective Public Office:</u> List all elective public offices sought and held with dates of service.
3. <u>Honors and Awards:</u> List all scholarships, fellowships, honorary degrees, honorary society memberships, and other special recognition for outstanding service or achievement.
4. <u>Volunteer Experiences:</u> List all experience with volunteer organizations and positions held.
5. <u>Miscellaneous:</u> List any additional points, including special skills that qualify you for this position.

Conflicts of Interest

Instructions: If you answer “yes” to any of the following questions, please provide an explanation on a separate sheet of paper. Please label explanations with the number of the corresponding question.

1. Do you know if any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If yes, please identify and explain the basis for the potential.	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you or your spouse have a contractual agreement with the Academy?	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you or your spouse have any ownership interest in any management company contracting with the Academy?	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or your spouse guaranteed any loans for the Academy?	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you or your spouse be leasing or selling any real property to the Academy?	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will you or your spouse be employed at the Academy (either as an employee of the Academy or as an employee of a management company contracted by the Academy)?	6. <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you or your spouse sell any supplies, materials, equipment or other personal property to the Academy?	7. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you or your spouse provided any start-up funds to the Academy? If so, how much?	8. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you or your spouse, or other close family members have ownership, interest, whether directly or indirectly, in any corporation, partnership, association, or other legal entity which will enter into a contract with the Academy?	9. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you currently serve as a public official?	10. <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is there any other matter in which you are involved which is or may be incompatible or in conflict with the discharge of the duties of the position to which you seek to be appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position?	11. <input type="checkbox"/> Yes <input type="checkbox"/> No

Ethical Matters

Instructions: If you answer “yes” to any of the following questions, please provide an explanation on a separate sheet of paper. Please label explanations with the number of the corresponding question.

1. <u>Citations</u> . Have you ever been cited for a breach of ethics for unprofessional conduct by, or been named in, a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. <u>Convictions</u> : Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Michigan offenses of operating under the influence of liquor, operating while impaired, reckless driving, or the equivalent offenses in other states).	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. <u>Current Charges</u> : Are you now under charges for any violation law?	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. <u>U.S. Military Convictions</u> : Have you ever been convicted by any military court?	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. <u>Imprisonment</u> : Have you ever been imprisoned, been on probation, or been on parole	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. <u>Agency Proceedings: Civil Litigation</u> : Are you presently, or have you ever been a party in interest in any administrative agency proceedings or civil litigation which is related in any way to the position to which you seek to be appointed?	6. <input type="checkbox"/> Yes <input type="checkbox"/> No
7. <u>Agency Proceedings and Civil Litigation of Affiliates and Family</u> : Has any business in which you, your spouse, close family members or business associate are or were an officer, director, or partner been a party to any administrative agency proceedings or civil litigation relevant to the position to which you seek to be appointed? (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member or business associate were an officer of that business.)	7. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. <u>Other</u> : Is there any other any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment?	8. <input type="checkbox"/> Yes <input type="checkbox"/> No

References (required)

Please submit three (3) character references. References must have no familial relation to you, i.e. no blood relatives or relatives by marriage.

Name _____ Relationship to you _____

Telephone _____ How long have you known this person? _____

Name _____ Relationship to you _____

Telephone _____ How long have you known this person? _____

Name _____ Relationship to you _____

Telephone _____ How long have you known this person _____

Application Verification

I recognize that all information submitted with this application or gathered by Muskegon Heights Public School Academy as a result of this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold Muskegon Heights Public School Academy, its trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this application process.

I _____ certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Signature _____ Date _____

**PLEASE NOTE: Public School Academy Board Applications
Are subject to public disclosure under the Michigan Freedom of Information Act.**

Personal Background Check Consent

A criminal records check must be conducted as a condition for appointment as a public official serving on the board of a public school academy authorized by Muskegon Heights Public Schools. This consent does not authorize nor will Muskegon Heights Public Schools conduct a consumer credit check.

Information requested on this page will be used to conduct a criminal records check and will not be used to determine qualifications as a proposed public school academy board member. This page will be removed prior to review of the information contained in the application.

Please print or type the following information:

1. Print or type your full name: _____
 First Middle Last (Jr, III, etc.)
2. Maiden Name/Previously Used Names: _____
3. Current address: _____

4. Former address: _____

5. Date of Birth: _____
 : Month Day Year
6. Driver's License Number: _____
7. Gender: Male Female
8. Race: White/Caucasian Black/African American Hispanic/Latino (a)
 Asian/Pacific Islander American Indian/Alaskan Native
 Other (please specify)

By signing this document I acknowledge receipt of this disclosure and authorize Muskegon Heights Public Schools to obtain a copy of my criminal records report.

I consent to the release of information concerning my criminal record, subject to any restrictions that I have included, to Muskegon Heights Public Schools, its Muskegon Heights Public School Academy. I specifically authorize Muskegon Heights Public School Academy to conduct a criminal records check on me with the applicable local, state and federal law enforcement agencies.

I will hold Muskegon Heights Public School Academy, its trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonable believes is true based upon my representations or resulting from the criminal records check consent process.

By my signature I assert and certify that the information provided is, to the best of my knowledge, true and complete.

Signature _____ Date _____