

ALTA LOMA SCHOOL DISTRICT
CITIZENS' OVERSIGHT COMMITTEE
 Application for Appointment

Applicants must complete this form and submit it to the office of the
 Alta Loma School District Superintendent by **August 15, 2018.**

The District's Board of Trustees will review applications and use the information provided in
 the selection process.

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail: _____

Occupation: _____

Category for which I am an Applicant: (please check)

| | |
|--|--------------------------------------|
| | Taxpayers Organization Member |
| | Business Organization Member |
| | Senior Citizens' Organization Member |

| | |
|--|--------------------------------|
| | At Large Member |
| | Parent or Guardian Member |
| | Parent or Guardian/PTA Members |

Please note whether you have a preference for a 1-Year or 2-Year Initial Term _____

Please provide the following information about yourself:

Education Record (High School/University):

| INSTITUTION | DATES OF ATTENDANCE | DIPLOMA/DEGREE |
|-------------|---------------------|----------------|
| | | |
| | | |
| | | |

Employment History:

| POSITION | FIRM OR EMPLOYER | LOCATION | DATES |
|----------|------------------|----------|-------|
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Educational, Charitable and Civic Organizations:

| NAME OF ORGANIZATION | POSITION HELD | DATES |
|----------------------|---------------|-------|
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| | | |

Personal References: (Please give three references other than relatives)

| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|
| | | |
| | | |
| | | |

Experience/Expertise: Please provide any background experience which would prove useful to you as a member of the Citizens' Oversight Committee.

Describe what you feel you could contribute to the Citizens' Oversight Committee:

What do you feel are the most important issues to be addressed by the Committee?:

Please add any comments that you feel would assist the Board of Trustees in the evaluation of your application:

Have you or a family member ever been an employee, contractor or vendor of the District?
If yes, please explain:

Date: _____ Signature of Applicant: _____

Return completed application to the office of the Superintendent
9390 Base Line Road, Alta Loma, CA 91701, by August 15, 2018,