



**Application for Appointment
Empowering Parents Parent Advisory Council**

Application can be submitted via mail or e-mail.

To mail, send to: State Dept. of Education
Attn: Empowering Parents
P.O. Box 83720
Boise, ID 83720

E-MAIL PREFERRED.

E-mail completed application and materials to: applications@sde.idaho.gov

Personal Information				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title	First	Middle	Last	E-mail Address	
Street	City	State	Zip	Phone	
				Mobile	
Are you a current resident of the State of Idaho?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a parent of an Idaho K-12 student?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for Empowering Parents funds, or do you plan to apply for program funds?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing and able to travel for council-related obligations?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

How did you learn of this position?

List all past boards, commissions, and councils on which you have served, as well as political appointments you have received.

The information set forth above in my application is true to the best of my knowledge. False statements on this application shall be sufficient cause for non-consideration or dismissal after appointment.

_____	_____
Signature	Date

Except for your name, this application will only be released in response to a public records request upon your written consent.

Authorization for Background Check

Public positions and appointments require a higher degree of scrutiny, so a background check may be required for your appointment. The information provided will be confidential pursuant to state and federal law.

Personal			Sex
Title	First	Middle	Last
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Alias Names (include maiden and married names)			Date of Birth
Driver's License Number		Other ID	
Address (please include previous 5 years)			
Current Address		City	State Zip
Alternate Address		City	State Zip
Previous Address		City	State Zip
Conflicts of Interest			
Please list ANY possible conflicts – perceived or actual – that you have related to this position. That includes any business relationship, dealing or financial transaction that may create an appearance of impropriety or conflict of interest with the position for which you are applying, whether your own or through a client or relative. It also includes situations in which a family member or client has any direct or indirect financial or personal interest – except as a consumer – in a business, investment, property holding or employment that could have dealings with the position you are seeking. Please provide details.			
Criminal			
Please list ANY criminal offenses, including felonies, misdemeanors, or infractions for which you have been convicted, pled guilty, or received a withheld judgment within your lifetime.			
Approximate Date	City, State	Offense or Violation	

The information set forth above in my application is true to the best of my knowledge. False statements or omitting any information on this application shall be sufficient cause for non-consideration or dismissal after appointment.

I hereby authorize investigation, without liability, of the information supplied by me in this application and other information, including but not limited to: academic / educational records, occupational history, criminal history, credit records, and government records.

_____ Signature	_____ Date
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Except for your name, this application will only be released in response to a public records request upon your written consent.