



**HAMILTON UNIFIED SCHOOL DISTRICT
CITIZENS' OVERSIGHT COMMITTEE**
Application for Appointment

Applicants must complete this form and submit it to the office of the
Superintendent of the Hamilton Unified School District

The District 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)

<input type="checkbox"/>	Taxpayers Organization Member
<input type="checkbox"/>	Business Organization Member
<input type="checkbox"/>	Senior Citizens' Organization Member

<input type="checkbox"/>	At Large Member
<input type="checkbox"/>	Parent or Guardian Member
<input type="checkbox"/>	Parent or Guardian/PTA Members

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

Educational, Charitable and Civic Organizations:

NAME OF ORGANIZATION	POSITION HELD	DATES

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
620 Canal Street, Hamilton, CA 95951