

## Fallbrook Union High School District

### APPLICANT QUALIFICATION FORM

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Length of Residence in District: \_\_\_\_\_

Children in District (Y/N): \_\_\_\_\_

If Yes, Schools Attended or Attending and Dates: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I \_\_\_\_\_ hereby certify I am a qualified voter and resident of Trustee Area 2 of the Fallbrook Union High School District in the County of San Diego, in the state of California, and wish to be considered for appointment to fill a vacancy in the Board of Trustees of the District. The term expires in November, 2024.

I hereby certify that I meet all legal requirements to be a School Board Member of the Fallbrook Union High School District.

I hereby certify that the information I have presented in the submitted application packet is complete, accurate and true to the best of my knowledge, and hereby authorize the Board of Trustees to verify this information as may be required. I understand that all application materials I have submitted are subject to the laws governing public information.

I understand that the District will review my offender status in the "Megan's Law" database. I further agree that if I am appointed to fill the Board vacancy, I will obtain fingerprint clearance through the Department of Justice and Federal Bureau of Investigation within one month of appointment and prior to visiting any District school sites when students are present.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date