



PROCESS FOR FILLING SCHOOL DISTRICT OF THE CITY OF SAGINAW BOARD OF EDUCATION VACANT SEAT(S)

Dear Potential Board Member Candidate,

Listed below is an outline of the application process to be considered for the current School District of the City of Saginaw Board of Education seat(s):

- Submit a current Cover Letter
- Submit a current Resume
- Complete and submit an Affidavit of Eligibility (Board Bylaws Requirement)
- Complete and submit an Application for Appointment

Please submit all written correspondence to:

Mr. Kim Hamilton, Secretary of the Board
School District of the City of Saginaw
C/O Ms. Cynthia Brackett, Executive Assistant
550 Millard Street
Saginaw, Michigan 48607

Please submit all e-mail correspondence to:

To: khamilton@spsd.net
Cc: cbrackett@spsd.net

Deadline for all correspondence to be considered and received (in person, regular mail, e-mail or fax) is Wednesday, July 18, 2018 by 5:00 p.m.

All candidate materials will be copied and available for Board members to pick-up by 5:00 p.m. on Thursday, July 19, 2018 (A listing of candidates will also be provided to the media and posted on District website under Board tab)

The Board shall review and screen materials to determine which candidate(s) should be further considered for appointment. Screening by the Board shall be done in open session at a Special Meeting and is scheduled for Monday, July 23, 2018 at 5:00 p.m. at 550 Millard Street, Saginaw, Michigan 48607

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Those candidates screened for further consideration shall be interviewed by the Board in open session with tentative interview dates of July 25 or 26, 2018 beginning at 5:30 p.m. at 550 Millard Street, Saginaw, Michigan 48607.

If you have questions regarding any information provided, please contact Ms. Cynthia Brackett, Executive Assistant at 989-399-6502 or at cbrackett@spsd.net.

Sincerely,

Rudy Patterson, President
Saginaw Board of Education

BOARD OF EDUCATION

Rudy Patterson, President • Jason E. Thompson, Vice President • Kim Hamilton, Secretary • Mattie L. Thompson, Treasurer
Ruth Ann Knapp, Trustee • Tamara McRae, Trustee • Joyce Seals, Trustee



SAGINAW BOARD OF EDUCATION MEMBER APPLICATION

Thank you for your interest and expressed willingness to serve as an official for the School District of the City of Saginaw. The purpose of this form is to provide the Board of Education with basic reference data and information pertaining to any applicant being considered for appointment as a School Board member.

When you have completed the application and affidavit, please return it to:

Board Secretary
School District of the City of Saginaw
550 Millard Street
Saginaw, Michigan 48607

Name: _____ Are you a U.S. citizen? Yes No
(Please print: Last, First, Middle)

Address: _____
(Number Street City State Zip)

Employer: _____

Business Address: _____

How long have you lived continuously
in the School District of the City of
Saginaw area? _____

Phone (Home): _____ (Work): _____

Driver's License Number: _____

Have you ever been convicted of anything other than minor traffic violations?

Yes No If yes, please explain fully on additional sheets.

Name and location of school last attended:

Name: _____

Indicate highest grade completed: _____

Street Address: _____

Did you graduate? Yes No

City: _____ State: _____

Date you graduated or left school: _____
(mo./yr.)

College, trade or graduate
School or other education

Major/Minor
or other degree

#yrs. Completed
#semester hrs.

Dates
Attended

_____ to _____

_____ to _____

_____ to _____

Professional Qualifications and/or Work Experience:

Community Activities and/or Other Experience:

References:

Name	Address	Phone

Please indicate reasons for desire to serve:

In connection with this application for the Saginaw Board of Education, I hereby authorize the School District of the City of Saginaw to investigate my criminal history (if any) and to deliver this information to the Board Secretary, School District of the City of Saginaw, who in turn may provide this information to the Saginaw Board of Education in consideration of my application. I understand the information provided will include any arrest which resulted in a conviction and any information relative to any felony charge prior to conviction or dismissal as may be obtained from the School District of the City of Saginaw records or from any other source. By execution hereof, I hereby waive any rights, claims, causes of action, or damages which I may have against the School District of the City of Saginaw or any of its officers, employees or agents by reason of the furnishing of any such record or information.

Date: _____

Signature: _____



INDIVIDUALS WITH SPECIAL NEEDS WHO PLAN TO ATTEND THESE MEETINGS SHOULD CONTACT THE SCHOOL BOARD OFFICE AT (989) 399-6502.

AFFIDAVIT OF ELIGIBILITY
SCHOOL DISTRICT OF THE CITY OF SAGINAW
SCHOOL BOARD

THE UNDERSIGNED, after being duly sworn hereby attests to the following;

1. I am a citizen of the United States.

2. I am a qualified and registered elector in the School District of the City of Saginaw School District as defined by state law (MCL 168.492).
 - a. Age 18 years
 - b. Resident of Michigan for 30 days

STATE OF MICHIGAN)
) SS.
COUNTY OF SAGINAW)

On this _____ day of _____, 2018, before me, a notary public, in and for the County of _____, personally appeared _____, who made oath that they have read the foregoing Affidavit and by their signature, verify that the contents thereof are true.

_____, Notary Public

Acting in _____ County
My Commission Expires: _____