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| **COLLIN COLLEGE DISTRICT****BOARD OF TRUSTEES****APPLICATION FOR CONSIDERATION FORM****FOR APPOINTMENT, TRUSTEE PLACE 5** |
| **INSTRUCTIONS** |
| * Complete the Application for Consideration Form;
* Attach resumé for additional information, but not in place of a completed Application for Consideration Form;
* Submit Application for Consideration Form to Shirley Harmon, Executive Assistant to the President/Secretary to the Board of Trustees, 3452 Spur 399, Suite 400, McKinney, TX 75069, or email as an attached pdf to sharmon@collin.edu; and
* Submit Application for Consideration Form before the deadline of 5 p.m., September 21, 2016.
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| **ELIGIBILITY FOR CONSIDERATION** |
| The nominee must:* meet the qualifications of Policy BBA (LEGAL). Click here [BBA](http://pol.tasb.org/Policy/Download/304?filename=BBA(LEGAL).pdf) to review required qualifications, and
* be available to attend monthly meetings of the Board of Trustees
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| **APPLICANT INFORMATION** |
| Print Name: |
| Home Phone: Business Phone: Cell:  |
| Preferred Email Address:  |
| Permanent Residential Address: |
| Mailing Address if different than permanent address: |
| Length of Continuous Residence in Texas:Years: Months: | Length of Continuous Residence in Collin County:Years: Months: | Is your permanent residence within Collin County? (check one)YesNoes |
| Are you a registered voter? (check one) NoesYes | Are you willing to commit to reside in Collin County for the duration of your service as a Trustee of the College District? (check one)NoesYes |
| **OCCUPATION** |
| What is your occupation? |
| **CURRENT EMPLOYMENT INFORMATION** |
| Current Employer: Title: |
| Employer Street Address:City: State: Telephone: |
| **EDUCATION** |
| High School: College: |
| **PREVIOUS WORK/PROFESSIONAL EXPERIENCE** |
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| **PUBLIC SERVICE AND COMMUNITY INVOLVEMENT** |
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| **SERVICE IN ELECTED OFFICE** |
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| **EXPERIENCE SERVING ON ELECTED AND NON-ELECTED BOARDS** |
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| **REASON FOR INTEREST IN SERVING ON THE****COLLIN COLLEGE DISTRICT BOARD OF TRUSTEES** |
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| **SIGNATURE** |
| I authorize the verification of the information provided on this form and acknowledge that this application becomes public record and is subject to disclosure.Signature: Date: |