# Part I -- Application Form

# TEACHER INFORMATION

**Submit all nomination materials in one complete document to Sarah Spross at** [**sarah.spross@maryland.gov**](mailto:sarah.spross@maryland.gov)**. Use the subject line** LastName, FirstInitial SBOE Teacher Member Nomination

## HOME INFORMATION

**Nominee’s Name** Click or tap here to enter text.  
  
**Preferred Name** Click or tap here to enter text.

**Home Address** Click or tap here to enter text.

**City** Click or tap here to enter text. **State** Click or tap here to enter text. **Zip Code** Click or tap here to enter text.

**Home Telephone** Click or tap here to enter text.

**Home E-mail** Click or tap here to enter text.

**Mobile/Cell Phone** Click or tap here to enter text.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

My signature represents that understand that the term will be 2 years and 6 months beginning January 1, 2020, terminating June 30, 2022. I understand that I must remain actively teaching, continue to hold a license to teach in Maryland, and that all information submitted is accurate and complete.

## SCHOOL INFORMATION

**School Name** Click or tap here to enter text.

**School Address** Click or tap here to enter text.

**City** Click or tap here to enter text. **State** Click or tap here to enter text. **Zip Code** Click or tap here to enter text.

**Telephone** Click or tap here to enter text. **Teacher’s School Email** Click or tap here to enter text.

**Number of Students in Nominee’s School** Click or tap here to enter text.

**Major Subject Area (if applicable)** Click or tap here to enter text. **Grade Level** Click or tap here to enter text.

**Total Years of Teaching Experience** Click or tap here to enter text. **Years in Present Position** Click or tap here to enter text.

## HUMAN RESOURCES DIRECTOR or EQUIVALENT POSITION/SIGNATURE

**Name** Click or tap here to enter text. **Title** Click or tap here to enter text.

**School Name** Click or tap here to enter text.

**Telephone** Click or tap here to enter text. **Email** Click or tap here to enter text.

**Signature of Human Resources Director/Equivalent** Click or tap here to enter text. **Date** Click or tap here to enter text.

My signature verifies that the teacher candidate:

* Is actively teaching;
* Is not the subject of disciplinary action; and
* Has had a background check completed in accordance with Family Law § 5-560 and Education Article §6-113.2.

**By completing this application form, you agree that any or all of the attached materials (other than home address, e-mail, and telephone numbers) may be disseminated to the public in connection with the State Board of Education Teacher Member election.**

# Part II – Resume and Biography

## RESUME

FILL IN INFORMATION TO ADDRESS THE FOLLOWING CATEGORIES (no more than two pages and do not include your home address, email, or telephone number):

Save document as - LastName\_Resume.doc

1. Education
2. Certifications
3. Experience
4. Leadership
5. Awards/Other Recognition

## PROFESSIONAL BIOGRAPHY

Please complete your professional biography in the third person, as this will be used in the election process. Your bio should include the following information: Name of college(s)/university(s) attended, degree(s) received, the year(s) your degree(s) was received, school leadership teams, community involvement, and any awards received. **(100 words provided in Microsoft Word)**

Save document as - LastName\_Biography.doc

**By completing this section, you agree that your resume and biography can be disseminated to the public in connection with the State Board of Education Teacher Member election.**

Part III – Personal Statement

**Personal Statement**

Please complete your personal statement explaining why you should be elected to the State Board of Education. **(maximum 500 words provided in Microsoft Word)**

**Supporting Evidence**

The nominee must attach three (3), one-page recommendations, not from an immediate family or member of the household, that support why they should be elected to the State Board of Education as the teacher member. These letters can be from a combination of the following and each should *NOT EXCEED* one page in length.

* An administrator at your current or former school;
* A teacher at your current or former school; or
* A parent of a current or former student.

**By completing this section, you agree that your personal statement and reference letters can be disseminated to the public in connection with the State Board of Education Teacher Member election. It is the nominee’s responsibility to inform the individuals writing the letters of recommendation that the letters can be disseminated to the public in connection with the election.**

Part IV – Additional Documentation

**Letter of Intent to Nominate Self as the Teacher Member of the State Board of Education**

Submit documentation showing that a letter from you to the local school system superintendent or head of a nonpublic school’s legal authority was submitted informing them of your intent to nominate yourself to serve as the Teacher Member of the State Board of Education.

**Ethics Disclosure**

Submit documentation indicating that you have completed your State Ethics Disclosure form. This form may be found at <https://efds.ethics.maryland.gov/>.

**Conflict of Interest Questionnaire**Submit documentation indicating that you have completed your Conflict of Interest form. This form may be found at <https://govappointments.maryland.gov/instructions-for-filling-out-the-general-application-form/>. Click on the how to fill out the exemption disclosure form.

Convictions:

Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the State offenses of operating under the influence of liquor, operating while impaired, reckless driving or the equivalent offenses in other states)

Yes/No: \_\_\_\_\_\_\_ If yes, please provide a detailed explanation: Click or tap here to enter text.

Delinquencies:

Are you delinquent on any federal, state, or local debt? (Include delinquencies for income, property, or other taxes, governmental loans, overpayment of benefits, required payments into or under governmental programs, and other debts or required payments to the government plus any defaults on or under loans which are or were guaranteed, insured, or subsidized by any unit of government.)

Yes/No: Click or tap here to enter text.

If yes, please provide a detailed explanation: Click or tap here to enter text.

**Although the information in this section may be requested by the public through a Public Information Act request, your responses will not be disseminated to the public as part of the candidate ballot.**