



**ND STATE BOARD OF PUBLIC-SCHOOL EDUCATION APPLICATION**  
 NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
 OFFICE OF STATE SUPERINTENDENT  
 SFN 61841 (06/2020)

Last Name		First Name		Middle Initial
Home Address		City	State	ZIP Code
Date of Birth	Home Telephone Number		E-mail Address	
Occupation	Business Telephone Number		Fax Number	
Current Employer	Business Address			
U.S Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have ever used or been known by any other name (other than a nickname), including but not limited to legal name change <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, list each name (in full) used				
I am a resident of the following county (NDCC15.1-01-01) <input type="checkbox"/> Barnes, Cass, Grand Forks, Griggs, Nelson, Steele or Traill Counties <input type="checkbox"/> Benson, Bottineau, Cavalier, McHenry, Pembina, Pierce, Ramsey, Renville, Rolette, Towner, or Walsh Counties <input type="checkbox"/> Dickey, Emmons, LaMoure, Logan, McIntosh, Ransom, Richland or Sargent Counties <input type="checkbox"/> Burleigh, Eddy, Foster, Kidder, McLean, Sheridan, Stutsman or Wells Counties <input type="checkbox"/> Burke, Divide, McKenzie, Mountrail, Ward or Williams Counties <input type="checkbox"/> Adams, Billings, Bowman, Dunn, Golden Valley, Grant, Hettinger, Mercer, Morton, Oliver, Sioux, Slope or Stark Counties				
I am a member of the North Dakota school board association: (NDCC15.1-01-01) <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EDUCATION AND GENERAL QUALIFICATIONS**

School	Degree	Year	Major Course(s) of Study
School	Degree	Year	Major Course(s) of Study
Memberships/Organizations and Duties Held.			
What special skills could you bring to this position?			
Please list three references with contact information whom you have known for at least one-year and are not related to. 1. 2. 3.			

Please attach any supporting documents that will be useful to your application. (Cover letters, resume, license, letters of reference, etc).

Signature	Date
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Return completed form and either Mail or email to

Department of Public Instruction  
 State Superintendent  
 (701) 328-4572  
 600 East Boulevard Avenue, Dept. 201  
 Bismarck ND 58505-0440  
[dpi@nd.gov](mailto:dpi@nd.gov)