



# Arizona State Board for Charter Schools

## Background Information Sheets

Provide the following information for each new Charter Principal listed in the request/application. This form may be duplicated as many times as necessary.

<b>Name (First, Middle, Last)</b>		<b>Other Names Used (Maiden names, AKA, etc.)</b>	
<b>Social Security Number (xxx-xx-xxxx)*</b>		<b>Date of Birth (Month/Day/Year)</b>	
<b>Residential Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number</b>
<b>Mailing Address (if different from above)</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number</b>
<b>Email Address</b>			

List each CITY, STATE and ZIP CODE you have lived in within the past seven years, including your current address.

City	State	Zip Code	From Month/Year	To Month/Year

\* The voluntary disclosure of your social security number is requested by the Arizona State Board for Charter Schools pursuant to its legislative authorization under A.R.S. § 15-182(E) in order to verify the information supplied in your request. No statute or other authority requires that you disclose your social security number for that purpose. Failure to disclose your social security number may, however, result in a denial of your request.

## Background Information Sheet, Page 2

**Charter Representative/Principal Name:** \_\_\_\_\_

*If applicable, list the **highest-level** post-secondary institution attended and degree earned or coursework/certification completed. If no post-secondary education is indicated on your resume, write N/A in "Institution Name". Ensure that this information is consistent with that contained in the résumé and transcript information provided with this request/application.*

Institution Name	Dates Attended	Degree Earned	Major

*List the last FIVE YEARS of employment. List and describe any gaps in employment within the last five years.*

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)		Date Employed To: (Month/Year)		Supervisor/Contact:

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)		Date Employed To: (Month/Year)		Supervisor/Contact:

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)		Date Employed To: (Month/Year)		Supervisor/Contact:

*Duplicate and add employment fields as necessary.*