



Position Application:
SECTION DIRECTOR

Choose Section/Position:

Inland Director

Personal

Last name	First	Middle	Date
Present street address			Home phone
City, State, Zip			Business phone
Previous street address			Cell phone
City, State, Zip			E-mail address
Have you ever been involuntarily discharged or fired from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FBLA or Collegiate Experience

Prior adviser or officer experience with California FBLA or other FBLA affiliate:

	Dates/Duties:
Other prior experience/involvement with California FBLA or other FBLA or Collegiate affiliate:	
	Dates/Duties:
How were you introduced to FBLA? <input type="checkbox"/> FBLA adviser/member: _____ <input type="checkbox"/> College/University <input type="checkbox"/> FBLA Web site <input type="checkbox"/> Other Web Site <input type="checkbox"/> Print ad <input type="checkbox"/> Other: _____	
Are you acquainted with anyone currently involved with California FBLA, Inc.? If yes, name(s):	

References Yes No

Please provide the following information for three references who are not relatives or former employers, and whom you have known for at least three years.

Name	Address	Telephone No.	Occupation
Please give your accurate, complete employment record, starting with your present or most recent employer.			

Employer 1	
Company/organization name	
Address	Telephone
Name of Supervisor	Employed (state month and year) From _____ To _____
Start job title and describe your work	Your name when employed, if different than present name.
	Reason for leaving

Employer 2	
May we contact this employer?	
Company/organization name	
Address	Telephone
Name of Supervisor	Employed (state month and year) From _____ To _____
Start job title and describe your work	Your name when employed, if different than present name.
	Reason for leaving

Employer 3	
May we contact this employer?	
Company/organization name	
Address	Telephone
Name of Supervisor	Employed (state month and year) From _____ To _____
Start job title and describe your work	Your name when employed, if different than present name.
	Reason for leaving

Employer 4	
May we contact this employer?	
Company/organization name	
Address	Telephone
Name of Supervisor	Employed (state month and year) From _____ To _____
Start job title and describe your work	Your name when employed, if different than present name.
	Reason for leaving

Education	
May we contact this employer?	

High School					
College/University/Tech or Trade School	City	Course of study		Graduate?	Circle year completed 9 10 11 12
College/University/Tech or Trade School	City	Major	Degree/Year	Graduate?	1 2 3 4
Other seminars or educational experiences relevant to duties of State Officers' Adviser (such as business instruction or advising or mentoring students):	City	Major	Degree/Year	Graduate?	1 2 3 4 more

Credentials/Licenses/Certificates/Other Skills

Please list any professional credentials, licenses or certificates you hold, and the issuing states, credential/license/certification numbers, and dates issued:

Has any of your credentials/licenses/certifications ever been revoked or suspended?

If yes, identify credential/license/certification, state reasons(s) for and dates of revocation or suspension, and/or reinstatement:

List any other special training or skills:

Yes No

Other Significant Volunteer Experience

Company/organization name

Address

Telephone

Responsibilities/accomplishments

Dates (state month and year)

From

To

Company/organization name

Reason for no longer volunteering

Address

Telephone

Responsibilities/accomplishments

Dates (state month and year)

From

To

Company/organization name

Reason for no longer volunteering

Address

Telephone

Emergency Contact

Name:

City/state

Daytime phone

Cell/other phone

Alternate Contact

City/state

Daytime phone

Cell/other phone

I certify under penalty of perjury that the information provided by me in this application is true and correct to the best of my knowledge, and that I have not withheld information that would, if disclosed, affect this application unfavorably.

Signature

Date