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Rialto Unified School District

182 East Walnut Avenue, Rialto, CA 92376 (909)820-7700 ext. 2212

Citizens Bond Oversight Committee Application Form

GENERAL INFORMATION: Cell Phone: Home Phone: Name: Home Address: Street City Zip E-Mail: **EMPLOYMENT INFORMATION:** Name of Employer: Occupation: Work Address: _____Work Telephone: ____ Membership position(s) that applicant is qualified to fill. The California Education Code requires that the Committee have at least one member representing each of the first five categories. Please specify to which category you belong, and check all that apply. Active in a business organization representing the business community Active in a senior citizens' organization Active member of a bona fide taxpayer organization Parent or guardian of a Rialto Unified School District student Parent or guardian active in the Rialto Unified School District PTA/PTSA or school site council Please indicate if you have experience in the fields listed below and list any skills or knowledge in those areas. Construction Architectural Design **Public Financing** Contract Law Program Management /Building Project Other _____ Describe: ADDITIONAL INFORMATION: 1. Have you been a member of any Rialto Unified School District or school-based committee? \square No If so, which one, and in what capacity? 2. Are you an employee of the School District? (NOTE: Employees of the School District are

prohibited by law from being members of the Citizens Oversight Committee.) □ Yes □ No

Have you ever been employed by the Rialto Unified School District? ☐ Yes ☐ No

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4.	Are you a vendor, contractor, or consultant to the School District? (NOTE : contractors, and consultants of the School District are prohibited by law from the Citizens Bond Oversight Committee.) \Box Yes \Box No	
5.	Are you able to complete at least one term (two years) as a member of the Oversight Committee and refrain from becoming an employee, vendor, cor of the School District during such time period? Yes No	
6.	Members of the Citizens Bond Oversight Committee will be required to file disclosure/conflict of interest statements pursuant to rules and forms estable Political Practices Commission. Are you willing to file such financial disclappointed to the Citizens Bond Oversight Committee? Yes	shed by the Fair losure statement if
	ent or past membership in any community service, civic or youth organization tion in seminars, workshops, volunteer work, professional organizations, etc.	n. Please also list
Please a	nswer the following questions:	
1.	How long have you been a resident within the Rialto Unified School Distriction	ct? Years
2.	Do you have any children or grandchildren who now attend (or have attend School District schools? □Yes □ No	
3.	Do you know of any reason, such as a potential conflict of interest, which vaffect your ability to serve on the Citizens Bond Oversight Committee? \Box	
4.	List references that have knowledge of your character, experience, and abil names of relatives. (You may attach letters of reference from those listed it provide Name/Address/Phone/Business/Occupation for each reference:	
5.	Explain why you would like to be appointed to this Committee.	
(T.T.		
(You ma	y provide additional answers to the above question on separate sheets of pape	r.)
CERTII	FICATE OF APPLICANT:	
All answ	vers and statements in this document are true and complete to the best of my k	nowledge and belief.
Signatur	e	Date

PLEASE RETURN COMPLETED APPLICATION TO: BUSINESS SERVICES, RIALTO UNIFIED SCHOOL DISTRICT - 182 East Walnut Avenue, Rialto, CA 92376 (909) 820-7700 Ext. 2212, email: jennifercarroll@rialtousd.org