

ACTEAZ Officer Election Nomination Form

All required materials will need to be completed and received electronically at elections@acteaz.org by May 31st. If you have any questions, please send them to elections@acteaz.org.

Personal Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Employment Information

Employer's Name: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax Number: _____

Work Email: _____

Contact Preference: Home Phone Cell Phone Work Phone

Candidate Agreement

The commitments required for participation in the Election process are described in this application. Your signature below will indicate that you have read and agree with the two year commitment to lead and grow ACTEAZ. It authorizes ACTEAZ and the voting company to publish photos and election materials on our websites and those used for voting system.

Signed: _____ Date: _____

CTE Director, Occupational Dean or CTED Superintendent Agreement

The CTE Director / Occupational Dean or Superintendent is being asked to support costs for ten to twelve release days. The Local School District will also contribute financially to sponsor local, state, and national travel costs.

Signed: _____ Date: _____

ACTEAZ Officer Election

Biographical Information

Personal Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Employment History

Please list your last three employers including your current employer.

Employer's Name: _____

Position: _____ Date of Employment: _____

Employer's Name: _____

Position: _____ Date of Employment: _____

Employer's Name: _____

Position: _____ Date of Employment: _____

ACTEAZ Involvement

Please list any activities you participated in within your state association.

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

Activity: _____ Dates of Activity: _____

