

# ACTEAZ Executive Officer Election Application

All required materials must be completed and submitted electronically to [elections@acteaz.org](mailto:elections@acteaz.org). Please refer to the Election Guidelines for any additional required items. If you have any questions, contact us at [elections@acteaz.org](mailto:elections@acteaz.org).

Executive Officer Position applying for: \_\_\_\_\_

## 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 Executive 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: \_\_\_\_\_

