

Fairport Central School District

**BIOGRAPHICAL DATA
LIBRARY TRUSTEE CANDIDATE**

NAME _____
(last) (first) (middle initial)

ADDRESS _____
(street) (town/village) (zip code)

HOME PHONE _____ **WORK PHONE** _____

E-MAIL ADDRESS _____

NUMBER OF YEARS IN THE FAIRPORT SCHOOL DISTRICT _____

NAME OF SPOUSE _____

CHILDRENS' NAMES, AGES, AND SCHOOL OF ATTENDANCE

CURRENT EMPLOYMENT

Employer: _____

Position: _____

EDUCATION (Please list schools attended and degrees earned)

HONORS AND/OR ACTIVITIES

**PLEASE RETURN BIOGRAPHICAL DATA FORM
WITH YOUR PETITION**