

**LAKE-LEHMAN BOARD OF SCHOOL DIRECTORS  
VACANCY APPLICATION FORM**

Please return your completed application form along with your letter of interest and Statement of Financial Interest, to the Office of the Board Secretary, no later than 4:00 p.m., Tuesday, April 9, 2024.

You may submit your application form by mail or hand deliver to:

Attn: Lake-Lehman School District Board of School Directors, C/O Secretary to the Board, P.O. Box 38, Lehman PA. 18627-0038, or email: [casaldimj@llsd.org](mailto:casaldimj@llsd.org)

If you need an accommodation in the application process or if you have questions about this application process, please call Mrs. Mary Jo Casaldi, Board Secretary, at 570-255-2705. Persons with a disability, who need assistance in the application process, or who need this application form in an alternative format, please call the phone number listed above.

**Note: All information on this form, including any attachments, becomes public information when submitted.**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

(Please indicate preferred mailing address with an \*)

Home Telephone Number: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation (if retired, please indicate former occupation or profession):  
\_\_\_\_\_  
\_\_\_\_\_

School/College Diplomas/Degrees Area of Study  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional and/or community activities, including boards and commissions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any experience that would assist you in serving on a Board of School Directors:

---

---

---

Why are you interested in serving on the Board of School Directors?

---

---

---

Describe your experience and involvement with the school district.

---

---

---

What do you consider to be three (3) of the most pressing issues facing the district?

---

---

---

Additional Information:

---

---

---

By signing this application, I am certifying that the information contained in this application is correct to the best of my knowledge and that: I am of good moral character. I will be at least eighteen (18) years of age prior to my appointment. I will have been a resident of the school district for at least one (1) year prior to my appointment. I do not hold any office or position as specified in the Pennsylvania School Code 24 P.S. Sec. 3-322. I am not a member of a municipal council. I have not been removed from any office of trust under federal, state or local laws for any malfeasance in such office. I have not been engaged in a business transaction with the district, been employed by the district, or received payment for services by the district except as provided in the Public Official and Employee Ethics Act, 65 Pa. C.S.A. Sec. 1101 et seq. and the Pennsylvania School Code 24 P.S. Sec. 3-324.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date