



Date: _____

Application for Elgin Township Town Board & Committees

This application requests some general information in applying for a position on a Elgin Township board or committee. Applications shall be submitted to the Supervisor at least 15 days prior to appointment.

Please Print

Name: _____

Address (street): _____

Mailing Address: _____

Preferred Phone: _____

Email address: _____

Most form of communication will be via Email.

Occupation: _____

Employer: _____

Years of residence in Elgin Township: _____

Interested in serving on:

Senior Committee

Youth Committee

Mental Health Board

What is your interest in serving on this board/committee?

Particular attributes, skills, experience, training, etc., which you have that you feel would be useful in the work of this board/committee:

Relevant Roles in Community – Professional/Civic Activities:

Please explain why you would be the best candidate for the position if there were multiple candidates to choose from:

Please use additional pages for answers, if needed.

Are there any possible conflicts of interest that would prevent your from fairly and impartially discharging your duties as an appointee of the Township board/committee?

No Yes If yes, please attach an explanation of the possible conflict.

I certify that the facts contained in this application are true and correct to the best of my knowledge and belief. I understand that this application will be retained in the Office of the Supervisor for two (2) years and must be updated after that time. If not updated after that time, the application will be removed from the active consideration file.

*As evidence of my qualifications and interest in serving on the above indicated committee(s), I **AM SUBMITTING A RESUME** that includes my educational background, professional experience, present employment, professional registration, past service with professional organizations and societies. Cover letter is optional.*

Applications will be accepted by:

E-mail: info@elgintownship.com

Mailed/Drop-off to: 729 S. McLean Blvd., Elgin, IL 60120

Fax: (847) 741-2281

(Signature)

TERM: _____ (Office Use Only)