

Application for Appointment to Grafton Township

- Planning Commission
- Disabled Committee
- Transportation Committee

Mail to: Grafton Township Supervisor
10109 Vine St.
Huntley, IL 60142

Date of application: _____

Instructions: Please answer each question to the best of your ability. Your answers will aid in the evaluation of your candidacy.

Application Information

Name: _____
Last Name First Name Middle Name

Address: _____
Street City State Zip Code

Telephone: _____

Have you worked for Grafton Township before? ____ No ____ Yes If yes, give date(s) _____

Do you have any relatives currently employed by Grafton Township?
____ No ____ Yes

Have you ever been convicted of a felony/misdemeanor or are there any charges pending against you?
____ No ____ Yes, explanation follows:

Employment History

Your work experience is an important factor in evaluating your qualifications. Please list your current employer.

Name of Employer: _____

Type of Business: _____ Telephone: _____

Employer's Address: _____
Street City State Zip Code

Name of Supervisor: _____ May we contact this employer? ____ No ____ Yes

Dates of Employment: From: _____ To: _____

Job title & description of duties performed: _____

Public/Civic Leadership Information

Are you familiar with the functions and workings of the board/committee/commission for which you are applying?
_____ No _____ Yes

Have you ever attended a meeting of the township board? _____ No _____ Yes

Do you currently hold an elected or appointed office in a public or not-for-profit organization?
_____ No _____ Yes If yes please explain: _____

Please attach a sheet outlining your civic or community services.

Do you or any of your close family or business connections serve on any board/committee/commission or with any organization, which has or may have any connection or relationship with the committee for which you are applying?
_____ No _____ Yes If yes, please explain: _____

Reference

Please give the names of 3 persons, not related to you, whom you have known for over a year.

Name Address Telephone Occupation Yrs. Know

Name Address Telephone Occupation Yrs. Know

Name Address Telephone Occupation Yrs. Know

Education, Professional Back Ground & Life Experience

Please list any experience or education that you believe relevant. (Use a separate sheet if needed)

Certification & Release - Read Carefully Before Signing

I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand Grafton Township has the right to refuse to appoint me or immediately discharge me, at any time if it discovers I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my appointment.

I authorize Grafton Township and its agents, to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational information which may be used to verify information in this application.

Applicant Signature

Date