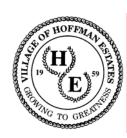


Thank you for your interest in serving as a volunteer on a Village of Hoffman Estates Commission. Of the commissions listed below, please check up to three on which you would like to serve. After you complete the attached application, please send it, along with this cover letter, to the attention of Director of Operations – Mayor's Office and Board, Village of Hoffman Estates, 1900 Hassell Road, Hoffman Estates, IL 60169.

| Arts Commission                         | 4th of July Commission                         |  |  |  |  |
|---|--|--|--|--|--|
| Bicycle & Pedestrian Advisory Committee | Historical Sites Commission                    |  |  |  |  |
| Capital Improvements Board              | Local Historian                                |  |  |  |  |
| Celebrations Commission                 | Planning & Zoning Commission                   |  |  |  |  |
| Celtic Fest Commission                  | Police Pension Board                           |  |  |  |  |
| Commission for Disabled Citizens        | Road Improvement Impact Fee Advisory Committee |  |  |  |  |
| Commission for Senior Citizens          | Advisory Committee                             |  |  |  |  |
| Comprehensive Plan Advisory Comm        | Sign Code Advisory Comm                        |  |  |  |  |
| Cultural Awareness Commission           | Sister Cities Commission                       |  |  |  |  |
| Economic Development Commission         | Stormwater Management Comm                     |  |  |  |  |
| Electrical Commission                   | Sustainability Commission                      |  |  |  |  |
| Emerging Technology Advisory Commission | Utility Commission                             |  |  |  |  |
| Fire & Police Commission                | Veterans Memorial Commission                   |  |  |  |  |
| Firefighters Pension Board              | Youth Commission                               |  |  |  |  |
|   |  |  |  |  |  |
| NAME:                                   |  |  |  |  |  |



## HOFFMAN ESTATES

## **BOARDS & COMMISSIONS APPLICATION**

Date of Application\_\_\_\_

| PER    | SONAL INFORMATION                                   |   |                            |  |  |  |
|--------|---|---|----------------------------|--|--|--|
| Nam    | e   | Spouse's Name                             |                            |  |  |  |
|        | Last First  |   |                            |  |  |  |
| Addı   | ress<br>Street                                      |   | Zip Code                   |  |  |  |
| Hom    | e Phone   | Work Phone                                | <u>.</u>                   |  |  |  |
|        |   | Length of time as Village Resid           |                            |  |  |  |
|        |   | felony? If yes, please explain:_          |                            |  |  |  |
|        |   |   |                            |  |  |  |
|        |   |   |                            |  |  |  |
|        | PLOYMENT HISTORY our last two employers. Begin with | your current or most recent position.     |                            |  |  |  |
|        |   | -   |                            |  |  |  |
| 1.     | Employer  |   |                            |  |  |  |
|        |   |   |                            |  |  |  |
|        | Telephone No  | Starting Date: Le Month/Year              | eaving Date:<br>Month/Year |  |  |  |
|        | Describe Work Performed:                            |   |                            |  |  |  |
|        |   |   |                            |  |  |  |
| 2.     | Employer  |   |                            |  |  |  |
|        |   |   |                            |  |  |  |
|        | Telephone No  | Starting Date: Le  Month/Year             | eaving Date:<br>Month/Year |  |  |  |
|        | Describe Work Performed:                            |   |                            |  |  |  |
|        |   |   |                            |  |  |  |
| PUB    | SLIC SERVICE  |   |                            |  |  |  |
| List p |   | h you belong or on which you have served. | Begin with your current or |  |  |  |
| 1.     | Name_   | Location_                                 |                            |  |  |  |
|        | Position Held                                       |   | :<br>Month/Year            |  |  |  |
|        |   |   |                            |  |  |  |
|        |   | Leaving Date                              | e:<br>Month/Year           |  |  |  |
|        | Describe Duties Performed                           | :   |                            |  |  |  |
|        |   |   |                            |  |  |  |
|        |   |   |                            |  |  |  |
| 2.     | Name  | Location                                  |                            |  |  |  |
|        | Position Held                                       | Starting Date                             | :                          |  |  |  |
|        |   | T T P                                     | Month/Year                 |  |  |  |
|        |   | Leaving Date                              | :<br>Month/Year            |  |  |  |
|        | Describe Duties Performed                           | :   |                            |  |  |  |
|        |   |   |                            |  |  |  |
|        |   |   |                            |  |  |  |

| <u>PUB</u> | LIC SERVI      | CE (continued)   |                                       |               |                      |   |  |  |
|------------|----------------|--|---------------------------------------|---------------|----------------------|---|--|--|
| 3.         | Name           |  |                                       | Location      |                      |   |  |  |
|            | Position H     | Position Held  |                                       |               | Starting Date:       |   |  |  |
|            |                |  |                                       | т.            | · D.                 | Month/Year                                |  |  |
|            |                |  |                                       |               |                      | Month/Year                                |  |  |
|            | Describe I     | Outies Performed:_                                     |                                       |               |                      |   |  |  |
|            |                |  |                                       |               |                      |   |  |  |
|            |                |  |                                       |               |                      |   |  |  |
| 4.         | List other     | List other Public Service and Professional Activities: |                                       |               |                      |   |  |  |
|            |                |  |                                       |               |                      |   |  |  |
|            |                |  |                                       |               |                      |   |  |  |
|            |                |  |                                       |               |                      |   |  |  |
| EDU        | CATION         |  |                                       |               |                      |   |  |  |
|            |                | Name & Location  | n No. Y                               | Years<br>nded | Did you<br>Graduate? | Major Field                               |  |  |
| High       | School         |  |                                       |               |                      |   |  |  |
| Colle      | ege            |  |                                       |               |                      |   |  |  |
|            | luate School/  |  |                                       |               |                      |   |  |  |
| Otne       | r Education    |  |                                       |               |                      |   |  |  |
| GEN        | ERAL INFO      | ORMATION   |                                       |               |                      | _   |  |  |
|            |                |  | · · · · · · · · · · · · · · · · · · · |               |                      |   |  |  |
| LISU       | reievant activ | nies, noodies and i                                    | interests:                            |               |                      |   |  |  |
| what       | contribution   |  | ·                                     |               |                      | oard or Commission<br>n would make you an |  |  |
|            |                |  |                                       |               |                      |   |  |  |
|            |                |  |                                       |               |                      |   |  |  |
| How        | did you learr  | n of the opening?                                      | Newspaper  If other, please speci,    | fy:           | ] Newsletter         | Other                                     |  |  |
|            |                | FOR  | OFFICIAL USE (                        | NLY           |                      |   |  |  |
| Appo       | ointed to:     |  |                                       |               |                      |   |  |  |
| Tern       | n of Appointn  | nent:  |                                       | (ye           | ears)                |   |  |  |
| Anno       | ointed by:     |  | Board An                              | oroval        | /                    | Date                                      |  |  |
| -۲۲`       |                | Village President                                      |                                       |               | ayes Nays            |   |  |  |
| Date       | Appointed:_    | Day/Month/Year   | <u> </u>                              |               |                      |   |  |  |