



## Board/Commission Application

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### PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

How Many Years  
at Present  
Address?:

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### EDUCATION

High School graduate?

College attended:

Address:

Major field of study

Degree received, if any:

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## CURRENT OCCUPATION

Company name:

Address:

Telephone:

May we contact you at  
work?

Retired?

Yes

No

Company's principal  
business activity:

Brief description of  
employment duties:

Length of employment:

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Approximate time  
available to devote to the  
duties of the appropriate  
position:

On which Village Board/  
Commission would you be  
interested in serving?

Board of Health

Board of Fire & Police Commission

Plan Commission

Senior Citizen Commission

Other

What do you believe to be  
the most important task or  
basic mission of the  
Board/Commission you  
are applying for?

In what civic duties are you presently engaged (list all professional affiliations)?

To the best of your knowledge and belief, would there be any conflict of interest (personal, business, investment, etc.) if you were to be appointed to this Board/Commission?

Yes  
No

If Yes, please explain:

By signing below you understand that if appointed to this Board/Commission you will uphold the Code of Ethics of the Village of Wheeling. If you agree, click the "yes" button next to this box.

Yes

Signature:

Date: