

**APPLICATION FOR APPOINTMENT TO
A CITY OF ZION BOARD OR COMMISSION**

City of
Zion



2828 Sheridan Road, Zion, 60099 Phone: (847) 746-4000 Fax: (847) 746-7167 Email: sheryls@zion.il.us

Name _____
Address _____ City Zion
Years at present address: _____
Phone: _____ Email: _____
Employer (Name & Address): _____
Type of Business: _____

APPOINTMENT INTEREST

- | | | |
|---|--|---|
| <input type="checkbox"/> Fire & Police Commission | <input type="checkbox"/> Liquor Control Commission | <input type="checkbox"/> Police Pension Board |
| <input type="checkbox"/> Jubilee Days Commission | <input type="checkbox"/> Nostalgia Days Commission | |
| <input type="checkbox"/> Planning & Zoning Commission | <input type="checkbox"/> TIF Review Board | |

PERSONAL INTEREST

Have you ever held an elective or appointed position? Yes No
If yes, please list positions and dates held:

Experience or education you feel qualifies you for this Board or Commission:

Why are you interested in an appointment to this Board or Commission:

Are you a U.S. citizen? Yes No

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

Date _____ Signature _____