

APPLICATION FOR APPOINTMENT TO CITY OF HIGHLAND BOARDS AND COMMISSIONS



Please print or type.

Name _____
First Middle Last

Home Address _____
Street City Zip

Date of birth: _____ Do you reside within the City limits? Yes No How long? _____

Home Telephone _____ Daytime Telephone _____

Occupation _____ Place of Employment _____

E-Mail Address(es) _____

Have you ever been convicted of a felony? Yes No

List Board(s) or Commission(s) you're interested in: _____

What experience do you possess that you believe qualifies you to serve? _____

Please list your interests/hobbies: _____

You may attach additional information to support this application.

References: _____
Name Address Phone

_____ *Name Address Phone*

I certify that the information given herein is true and complete. By signing this application, I hereby authorize an investigation of all statements contained in this application for appointment as may be necessary in arriving at a decision regarding the possibility of appointment.

Information submitted on this application is public information. A false or misleading statement will be cause for elimination from consideration.

Signature of Applicant _____ Date _____

Return completed applications to:

Lana Hediger, Deputy Clerk
City Hall, 1115 Broadway
PO Box 218
Highland, IL 62249

Or you may fax to: (618.654.4768)