



1 Illinois Boulevard
Hoffman Estates, Illinois 60169

APPLICATION FOR COMMITTEE MEMBERSHIP

It is the policy of the Township of Schaumburg to maintain and promote equal opportunity. In all phases of recruitment and employment, decisions will be based on merit without discrimination on the basis of race, color, national origin, religion, gender, age, disability or political affiliation.

⇒ **Incomplete applications may be subject to rejection. Please complete all blanks or indicate "not applicable."** ⇐

PLEASE PRINT IN INK

Name (As it appears on your Social Security Card / Work Permit Card):		Date
Address:		Telephone Numbers:
Street:		Home:
City, State, Zip:		Other:
Email:		
Committee you are applying for:		
How did you hear about this Committee:		
Do you have any former or present affiliation with the Township of Schaumburg? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Have you ever been convicted of a felony or misdemeanor involving moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Criminal convictions are not an absolute bar to Committee Membership. If the answer to the preceding questions was "Yes," please provide details below:		
(Applicant is not required to reveal sealed or expunged criminal records.)		

EDUCATION INFORMATION:

	NAME & LOCATION	# OF YEARS COMPLETED	COURSES/AREAS OF STUDY	DIPLOMA / DEGREE / CERTIFICATE
High School				
College/University				
College/University				
Graduate School				
Trade School/Other				
Trade School/Other				

Please list below any special skills, training, experience, licenses, or certificates you possess:

EMPLOYMENT HISTORY:

THIS PORTION OF THE APPLICATION MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME.

List names of employers in consecutive order with present or last employer listed first.

FROM:	/	TO	/	YOUR POSITION:						
EMPLOYER								LOCATION		
TYPE OF BUSINESS							REASON FOR LEAVING			
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES:										

FROM:	/	TO	/	YOUR POSITION:						
EMPLOYER								LOCATION		
TYPE OF BUSINESS							REASON FOR LEAVING			
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES:										

FROM:	/	TO	/	YOUR POSITION:						
EMPLOYER								LOCATION		
TYPE OF BUSINESS							REASON FOR LEAVING			
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES:										

FRATERNAL & CIVIC ORGANIZATIONS & DATES OF MEMBERSHIP

ORGANIZATION:	
DATES OF MEMBERSHIP:	

ORGANIZATION:	
DATES OF MEMBERSHIP:	

ORGANIZATION:	
DATES OF MEMBERSHIP:	

PRIOR PUBLIC SERVICE

ORGANIZATION:		DATES:	
ORGANIZATION:		DATES:	
ORGANIZATION:		DATES:	

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please explain any gaps in employment history if any: _____

(Attach additional page if necessary)

PERSONAL REFERENCES

Please provide three (3) individuals who you have been associated with for three (3) or more years, other than relatives, who can attest to your character or fitness for the position you are applying.

Name		Phone #	
Address			
Relationship:		# of Years Known:	

Name		Phone #	
Address			
Relationship:		# of Years Known:	

Name		Phone #	
Address			
Relationship:		# of Years Known:	

REASON FOR REQUESTING APPOINTMENT:

CONTRIBUTION APPLICANT EXPECTS TO MAKE TO THE TOWNSHIP OF SCHAUMBURG:

