



Return completed application to:  
**Mayor's Office**  
520 Jackson Avenue  
Charleston, IL 61920  
(217) 345-5650  
Fax: (217) 345-7554

**All information is subject to public disclosure.**

**Board or Commission Application**                      **Date:** \_\_\_\_\_

**Name of Board or Commission:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**BEST Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Years of Residence in Charleston:** \_\_\_\_\_

**U.S. Citizen:**    Yes            No                      **Resident Status** \_\_\_\_\_

**Do you currently owe any debts to the City (such as a parking ticket?)** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Employer & Prior work experience: (Please include dates):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Work: (Please include dates)** \_\_\_\_\_

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**Are you presently serving on a City Board or Commission?    Yes    No**

**If so which one?** \_\_\_\_\_

**Why do you want to become a member of this Board or Commission, and what makes you a strong candidate?**

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**Have you attended a meeting of the board or commission you are applying to or talked to any current members?**

**Yes            No**

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**Briefly explain what you believe are the most important issues facing this board or commission. And how do you believe this board should address these issues?**

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**Can you think of any relationship or other reason, which might possibly constitute a conflict of interest, if you are selected to serve on the Board or Commission for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information).**

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**Have you ever been convicted of a criminal felony offense? (Certain statutes specifically prohibit appointments of persons who have committed a crime.)**

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**Please list three personal references:**

**1. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*All applications are kept on record for two years. Your completed form may be publicly released upon request of the media or a member of the public.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_