

Self-Application for Appointment to Boards & Commissions



Name of Board/Committee/Commission

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Personal Information

Name:		
Street Address:		
City:	State: IL	Zip:
Home Phone:	Cell Phone:	
E-Mail Address:		

Background

If you ever served on this Board/Committee/Commission before, Start Year?	End Year?
Employer/Occupation (previous if retired):	

Special Skills, Qualifications, Experiences or Education

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Agreement and Signature

By submitting this application, I affirm that I understand the responsibilities of the position for which I am applying, I consent to the verification of the above data, and that I have the time available to devote to this position.

Signature:	Date:
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Submit Application by: Email: administration@dekalbcounty.org Fax: (815) 895-7284 Mail: Administration Office, 200 N. Main St., Sycamore, IL 60178

Any Questions? Please Call: (815) 895-7189
www.dekalbcounty.org