



CITY OF PARK RIDGE

505 BUTLER PLACE
PARK RIDGE, IL 60068
TEL: 847/ 318-5234
FAX: 847/ 318-5300
TDD:847/ 318-5252
URL:http://www.parkridge.us

Application Form for Board, Committee, and/or Commission

APPLICATION FOR APPOINTMENT TO: _____

If the Board, Committee, or Commission position you are applying for is filled, would you consider serving in another capacity? Please circle one: YES NO

If your answer is "YES," please list any other boards, committees, or commissions that you are willing to serve on:

Name: _____

Home Address: _____

Business Address: _____

Occupation/Profession: _____ Years of Experience: _____

Phone: Day: _____ Evening: _____

Email Address: _____

Education:

Highest Degree Attained Institution Name City, State Major Year Degree Awarded

Community Participation (past and present)/Special Qualifications for Service: _____

Why do you desire this appointment? _____

Signature _____ Date _____

**PLEASE SUBMIT NOMINATION FORM WITH RESUME ATTACHED TO
CITY OF PARK RIDGE ADMINISTRATION DEPARTMENT/ 505 BUTLER PLACE PARK RIDGE, IL 60068**