

JOLIET TOWNSHIP ADVISORY COMMITTEE

Biographical Form - Questionnaire

Name: _____
(Last, First)

Address: _____
(Street, City, State, Zip)

Phone: _____ Alt. Phone: _____ Email: _____

Are you an elected Official? Yes No If yes, list elected office: _____

Have you ever been employed with any State or Local government? Yes No
If yes, list office: _____

Would accepting this position create a potential conflict of interest? Yes No

How long have you been a resident of Joliet Township? _____

EQUAL OPPORTUNITY GROUP

Check Appropriate Boxes:

Male **Female** **Prefer not to answer**

RACE/ETHNIC GROUP:

African American/Black: A person having origins in any of the black racial groups of Africa.

American Indian or Alaskan Native: A person having origins from any of the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: A person having origins from any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include, for example, China, India, Japan, Korea, the Philippines and Samoa.

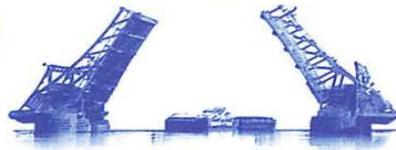
Hispanic (non white): A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Caucasian/White: A person having origins from any of the original people of Europe, North Africa or Middle East.

Multiracial: A person having parent of different races.

The Township Government has a continuing commitment to monitor the diversity and inclusion of all processes and to identify and address any inequities based on gender, race, ethnicity, or disability. The Township is committed to broadening the participation of groups currently underrepresented in government. In order to accurately gauge progress in achieving this important goal, we ask that applicants provide the requested demographic information about themselves.

Submission of the requested information is voluntary and is not a precondition of selection.



JOLIET TOWNSHIP ADVISORY COMMITTEE

Biographical Form - Questionnaire

Appointee Name: _____ Board: _____

Date Submitted:

Check the appropriate box:

No, I do not wish to be appointed.

Yes, I would like to be considered for appointment.

Explain why you would like/not like to be appointed:

REFERENCES

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____

CIVIC ACTIVITIES

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

CURRENT OR PREVIOUS BOARDS OR COMMISSIONS

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

PROFESSIONAL ORGANIZATIONS

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

EMPLOYMENT

Business:

Date of Employment:

Address:

Title:

Duties: