2026 APPLICATION FOR COMMISSIONS

PLEASE PRINT

Full Name:_____

Address: _____

City, State, ZIP: _____

Email: _____Phone: _____

Date of Birth: _____

Are you legally authorized to work in the US on an unrestricted basis? ☐ YES ☐ NO

Do you reside within Village limits? ☐ YES ☐ NO How many years? _____

_____

Current/past service with other Boards/Committees:

_____

Education/Qualifications:

_____

Motivation for serving:

_____

I am interested in serving on:
(check all that apply)

- ☐ Board of Appeals
- ☐ Board of Review
- ☐ Economic Development
- ☐ Fire Commission
- ☐ Library Board
- ☐ Park Commission
- ☐ Plan Commission
- ☐ Sex Offender Residence Board

Have you ever been convicted of a felony? ☐ YES ☐ NO

*** If you answered yes, please attach a separate sheet of paper and briefly describe the circumstances of your conviction. A current charge or conviction will not necessarily disqualify you, however it may limit where we may place you.*

CERTIFICATION: I certify that the facts set forth in this Application for Commissions are true and complete to the best of my knowledge. I understand that if I am employed by the Village of Salem Lakes that any false statements, omissions or misrepresentations may result in my dismissal. I authorize the Village of Salem Lakes to make an investigation of any of the facts set forth in this application and release the Village of Salem Lakes from any liability. The Village of Salem Lakes may contact any listed references on this application. I acknowledge and understand that the Village of Salem Lakes is an "at will" employer. Therefore, any employee (regular, temporary, or other type of employee) may resign at any time, just as the Village of Salem Lakes may terminate the employment relationship with any employee at any time, with or without case, with or without notice to the other party. I am hereby authorizing the Village to conduct a background check and I am releasing the Village and its elected officials, officers, employees, and agents from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization to request to release information or any attempt to comply with it.

Signature: _____Date:_____