

**APPLICATION FOR CONSIDERATION OF APPOINTMENT TO THE  
OFFICE OF ALGONQUIN TOWNSHIP TRUSTEE**

Please complete the following application so that the Algonquin Township Board may make an informed and thoughtful appointment to fill the vacancy of Melissa Victor's term ending May, 2021. Applicants must be Algonquin Township residents, registered voters, and be of the same political party as the previous office-holder (Republican). Incomplete and/or unsigned applications will not be considered. Applications and resumes (if available) must be submitted via mail to 3702 US Hwy 14, Crystal Lake, IL 60014 OR via e-mail to [supervisor@algonquintownship.com](mailto:supervisor@algonquintownship.com), OR in person to the Supervisor's office. **Applications received after 4pm on Friday, June 14, 2019 will not be considered.**

Full Legal Name: \_\_\_\_\_

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

\_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I am a registered voter aged 18 or over and reside in Algonquin Township. (circle one) YES NO  
I am a member of the Republican Party: YES NO

1) Do you currently, or have you ever, held any public office in any jurisdiction? If so, please list offices held and dates. \_\_\_\_\_

\_\_\_\_\_

2) Have you been convicted of any crime of moral turpitude or felony crime? If so, list date & offense.

\_\_\_\_\_

3) Are you familiar with the statutory authorities, responsibilities, and limitations of Townships, Township Boards, and the Office of Township Trustee? \_\_\_\_\_

\_\_\_\_\_

4) If you could, what would you change about Algonquin Township or townships in general? \_\_\_\_\_

\_\_\_\_\_

5) Please list any prior experience serving on any board, committee, or leadership team.

\_\_\_\_\_

6) What skills or qualities do you have that would be an asset to Algonquin Township constituents and the Board? \_\_\_\_\_

- 
- 
- 7) Are you familiar with the Open Meetings Act and Freedom of Information Act? YES NO  
8) Do you have any friends or family members currently serving on this board or any other elective office, or as a government employee within McHenry County? If so, please list.

- 
- 9) Do you have any existing commitments that may prevent you from duties including, but not limited to: auditing all of the monthly township and road district invoices; meeting for unspecified amounts of time on a monthly basis and for special meetings called as necessary; reviewing government documents; and corresponding with other individual board members or elected officials in person, or electronically between meetings?

- 
- 10) If appointed, what goals do you have for Algonquin Township and what plan(s) do you have for achieving them? \_\_\_\_\_

- 
- 11) Do you or any of your close family or business connections serve in any elected office, on any board/commission, or with any organization which has or may have any connection or relationship with the elected office or board/commission for which you are applying? YES, If yes, please explain: \_\_\_\_\_

- 
- 12) List the names of three personal and professional references, not related to you, whom you have known for over one year, including phone numbers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- 13) Please use this space to supply any additional information about yourself which you feel the Board should know about you in its deliberations: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

I, \_\_\_\_\_, hereby submit this form and resume as an applicant to fill the vacancy of Melissa Victor in the office of Algonquin Township Trustee for the remainder of her term and swear the above information is correct and true to the best of my knowledge. Upon submitting this form, I am willing and able to fulfill the Oath and duties of Algonquin Township Trustee, and undergo further correspondence as requested by the Board and/or its members.

I understand that, if appointed, I will be required to complete a Statement of Economic Interest to be filed with the McHenry County Clerk, and to complete an Open Meetings Act online training provided by the Office of the Illinois Attorney General and file proof of completion with the Algonquin Township Clerk.

Signature \_\_\_\_\_

Date: \_\_\_\_\_