GLEN ELLYN PUBLIC LIBRARY Interim Trustee Application

Full Name				Birth Date	Ageox if you do not want age to be published
Address					x ii you do not want age to be published
					Fax
Years of resid	dency in Glen Ell	yn (1 year req'd as of	election date)	Spouse's Name	
Children:	Name		Age	School	
	Name		Age	School	
	Name		Age	School	
	Name		Age	School	
Education	1				
High School		_ City		_ Year —	
College or University			-		
College or University			_ Major	Degree & Yea	nr Grad
College or University			_ Major	Degree & Yea	nr Grad
Other Educat	ion /Degrees				
Military S	Service				
Branch				Date	
Employm	ent History				
_	-				
			Years with Employer		
		onsibilities:		-	•
Driefly descri	iha waye neiae an	playment avnerience			
briefly descri	ibe your prior em	ployment experience.			

Professional, Religious, Recreational and Social Organizations
(Include offices held and dates)
Community Organizations or Committees of Governmental Units
(Glen Ellyn and others; include offices held and dates)
Elected or Appointed Offices in Government
(Glen Ellyn and others; include offices held and dates)
Honors, Awards or Special Recognitions
(Include dates)
Spouse / Other Family Member Appointments / Positions in Glen Ellyn
(Include positions and dates)
Principal Demands on Your Time at Present

List the most significant challenges you believe are facing				
Glen Ellyn relevant to the position you se	eek.			
	OR PUBLICATION - you propose to address the challenges.			
Therefore, a 50-word limit must be set. However, th	s reflecting your views if you are selected as a candidate. the Committee is interested in your ideas. Feel free to nt, amplifying, expanding or supplementing the views entirely optional).			
Your Signature				
Signature	Date			