

GLEN ELLYN PUBLIC LIBRARY

Interim Trustee Application

Personal Information

Full Name _____ Birth Date _____ Age _____
 Please check box if you do not want age to be published

Address _____

Home Phone _____ Work Phone _____ E-mail _____ Fax _____

Years of residency in Glen Ellyn (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

High School _____ City _____ Year _____

College or University _____ Major _____ Degree & Year Grad _____

College or University _____ Major _____ Degree & Year Grad _____

College or University _____ Major _____ Degree & Year Grad _____

Other Education /Degrees _____

Military Service

Branch _____ Date _____

Employment History

Current Employer _____

Address _____

Nature of Business _____

Your Title _____ Years with Employer _____

Briefly describe your job responsibilities: _____

Briefly describe your prior employment experience: _____

Are you required to travel? No Yes If yes, how often and on which days? _____

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
