



The Village of Morton

120 N. Main St., Morton, IL 61550

Phone (309)266-5361 Fax (309)266-5508

APPLICATION FOR APPOINTMENT TO:

____ Planning Commission

____ Zoning Board of Appeals

Name: _____

Home Address: _____ How long have you lived in Morton? _____

Phone: _____ Email Address: _____

Occupation/Profession: _____ Years Employed: _____

Name of Employer: _____

Community participation and service (past and present): _____

Why are you qualified for this position and why do you wish to serve? (Use back of page or separate sheet if needed):

Have you ever been convicted of an offense other than a minor traffic violation? If so, please state the nature of the offense(s), date(s), city, state, and disposition. A conviction record is not an automatic bar to an appointment. The offense will be considered only as it relates to the position for which you are applying.

Date(s): _____ City: _____ State: _____

Offense(s): _____

Disposition: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

Applicant's Signature: _____

Date: _____

If desired, you may submit a letter of application and/or resume with this application form. Please submit the application and attachments to:

Board Application, Village of Morton, P.O. Box 28, Morton, IL 61550