



TOWN OF BURLINGTON

32288 Bushnell Road, Burlington WI 53105
262-763-3070 / www.TownofBurlington.com

Due: 4:00PM on June 4, 2021

Application

Position Applied for: Town Board Supervisor #4

Applicant Information

Full Name: _____ Date: _____
Last First MI

Address: _____ Burlington, WI 53105
Street Address

Phone: _____ Email: _____

Are you a citizen of the United States? Yes ☐ No ☐

Have you ever worked for the Town of Burlington? Yes ☐ No ☐ If yes, when _____

Have you attended a meeting of the Town in the past 2 years? Yes ☐ No ☐ If yes, how many _____

Are you eligible to vote in the Town? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐

Application Information

1. Why are you interested in this position? _____

2. What will make you a good Board Supervisor/Committee member? _____

3. Have you served on any other Boards or Committee? If so, which ones and when? _____

4. Is there anything else you would like us to know about you in reference to the position applied for: _____

Optional Information

Education:

High School: _____

Did you graduate? Yes / No

Address: _____

College: _____

Did you graduate? Yes / No Degree: _____

Address: _____

Other: _____

Did you graduate? Yes / No Degree: _____

Address: _____

Employment:

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

From: _____ To _____

Responsibilities: _____

May we contact this employer? Yes / No

Military Service:

Branch: _____

From: _____ To _____

Rank at Discharge: _____

Type of Discharge: _____

If other than honorable, please explain: _____

Disclaimer and Signature

By signing below, you acknowledge that:

1. you will attend all meetings related to your position,
2. you will attend all educational opportunities, and
3. you will take the following oath upon appointment: *I, having been appointed to the position of (Burlington Town Board Supervisor No 4 / Planning and Zoning Committee Member) swear that I will support the Constitution of the United States, and the Constitution of the State of Wisconsin, and will faithfully and impartially discharge the duties of said position to the best of my ability. So help me God.*

I certify that my answers are true and complete to the best of my knowledge.

Applicant Signature

Date

Please return this application and any other documentation or correspondence you wish to share with the Town Board by **4:00PM on June 4, 2021** to:

Town of Burlington
32288 Bushnell Road
Burlington WI 53105

Phone: 262-763-3070
Email: office@townofburlington.com

Information supplied on this application is subject to the Public Information Act. However, certain personal information can be redacted in the event the Town receives an Open Record Request.

Check any item below that you do not want to be released to the public.

Telephone number ☐
Email address ☐
Employment ☐