** Applications must be received by **5:00 p.m. on December 16, 2025** via:

(1) Email to the City of Champaign Town Clerk, at cityclerk@champaignil.gov with the subject line of "Application for Township Supervisor"; or

(2) Physically delivered to the City Clerk at 102 N. Neil, Champaign, IL 61820.

APPLICATION FOR
CITY OF CHAMPAIGN TOWNSHIP SUPERVISOR

(Note: Information provided by the applicant on this form may be disclosed pursuant to the Freedom of Information Act, subject to applicable exemptions.)

Name: _____

Home Address: _____ Business Address: _____

_____ _____

Home Telephone: _____ Business Telephone: _____

Cell Phone: _____

Email Address:_____

How long have you lived in the City of Champaign Township?_____

Please list addresses at which you have established residency within the City of Champaign Township during the past three (3) years and the dates of residency at that address:

Address (Most recent first) Dates

1. _____ _____

2. _____ _____

3. _____ _____

Present Occupation

_____

Voter Registration

Attach a copy of proof of voter registration.

Education and Training

Please list the formal education or training you have received. Be sure to include all training which is related in some way to preparation for serving as Township Supervisor.

Dates of Study	Name, Type of School or Instructor	Subject	Degree/Certificate

Experience

Beginning with your most recent employment, volunteer work, or life experience, please state your previous experience. Be sure to include all experiences which are related to preparation for serving as Township Supervisor.

1. Company/Employer and Type of Business or Area of Experience:_____
_____
_____
_____

Position:_____

Dates of Employment/Experiences: From: _____ To:_____

2. Company/Employer and Type of Business or Area of Experience:_____
_____
_____
_____

Position:_____

Dates of Employment/Experiences: From: _____ To:_____

3. Company/Employer and Type of Business or Area of Experience:_____
_____
_____
_____

Position:_____

Dates of Employment/Experiences: From: _____ To:_____

Boards and Commissions

Please list any boards, commissions or task forces on which you currently serve by appointment of the Mayor or City Council of the City of Champaign.

Public Office

Please list any public offices currently held by appointment or election of the governing body of a unit of local government, school district, State constitutional officer or Illinois General Assembly.

Office	Appointed by/Elected	Term

Community Involvement

Please list volunteer organizations that you are involved with locally:

Organization	Activity	Dates

Honors, Awards, Recognition

Please list any honors, awards or recognition which you have received:

Honor, Award, Recognition	Received From	Dates

Potential Conflict of Interest

Can you think of any relationship or other reason which might possibly constitute a conflict of interest if you are selected to serve as Township Supervisor? (This question is not meant to disqualify you; it is only intended to provide information.)

Have you been convicted of any infamous crime, bribery, perjury, or other felony? If so, please list the offense, date and court of conviction. 60 ILCS 1/55-6.

Personal Statement

Please write a brief statement concerning why you are interested in serving Township Supervisor.

Supplemental Questions

1. What do you see as the most pressing need in the City of Champaign Township? Why? As Township Supervisor, what steps would you take to address this need?

2. What in your qualifications or background make you the right person for this appointment?

3. What are some of your long-range objectives for the City of Champaign Township?

4. What is the role of a Township Supervisor? What do you see as successful qualities of a Township Supervisor?

5. Do you have experience managing employees? Describe your leadership style? How would go about supervising the work of Township employees?

6. Give an example of a time you solved a difficult problem or issue.

7. Give us your thoughts on the Strides Shelter.

References

* Current City of Champaign Town Board/City Council Members should not be included below.

Name: _____ Occupation:_____

Address: _____ Home Phone:_____

_____ Business Phone:_____

Name: _____ Occupation:_____

Address: _____ Home Phone:_____

_____ Business Phone:_____

Name: _____ Occupation:_____

Address: _____ Home Phone:_____

_____ Business Phone:_____

Submitted by:

_____
Printed Name

_____
Signature

_____
Date