

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

Application

Position Applied for: ______Town Board Supervisor #2 ____

Applicant Information							
Full Name:			Date:				
Last	First		Date: MI				
Address:			Burlington, WI 53105				
Street Address							
Dhanas	Empil						
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	Yes ()	No ()	If yes, how many				
in the past 2 years?							
Are you eligible to vote in the Town?	Yes ()	No ()					
Have you ever been convicted of a felony?	Yes ()	No ()					
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Арр	lication Informa	tion					
1. Why are you interested in this position?							
1. Why are you interested in this position:							
<u></u>							
2. What will make you a good Board Supervisor	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: ______

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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:			

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 2 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 **<u>4:00PM on May 5, 2025</u>** to:

Town of Burlington 32288 Bushnell Road Burlington WI 53105 Phone: 262-763-3070 Email: <u>rachel.naber@townofburlingtonwi.gov</u>

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 numberOEmail addressOEmploymentO