

ILLINOIS CITY/COUNTY MANAGEMENT ASSOCIATION PROFESSIONAL RESOURCE SERVICE

REGISTRANT INFORMATION

PLEASE PRINT OR TYPE

Last Name:	First:	Middle:
Current address:		
City:	State:	ZIP Code:
Phone:	Cell Phone:	Email:

MOST RECENT WORK INFORMATION

Public agency employer:		
Address:		
Title:		How long?
From - month/year:	To – month/year:	
Principal duties:		
Reason for leaving:		
Comments:		

PREVIOUS WORK INFORMATION

Public agency employer:		
Address:		
Title:		How long?
From - month/year:	To – month/year:	
Principal duties:		
Reason for leaving:		
Comments:		

PROFESSIONAL SERVICE AVAILABILITY

How many 40-hour weeks per year are you willing to work?
What is the longest period of continuous work you are willing to accept?
Are there geographic limitations that you place on your work assignments?
If you have geographic limitations, what are they?
What kind of services are you offering (see sample listing, but you are not limited to it):

REGISTRATION ACCURACY AND ELIGIBILITY

I verify that the above stated information is correct. I confirm my interest and availability as an ILCMA PRS registrant. I further verify my membership in good standing with the ILCMA and/or the ICMA. I also confirm my understanding that this membership status is a mandatory prerequisite for PRS registration eligibility.

Signature of applicant:	Date:
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