

FOR NEW APPLICANTS

1. To find out if there are available seats on an SSA Commission check with the local SSA Service Provider Agency or DPD. For more information and contacts, visit www.cityofchicago.org.
2. Once you are nominated, submit your completed Application Packet to the Service Provider Agency. See the Checklist on page 1 for what to submit.
3. DPD staff will request a City debt report from the Dept. of Finance. The Service Provider will notify you if you have debt and will include instructions for remedy. **Notify DPD once you have cleared your City debt.** Keep proof of payment and supply to DPD staff.
4. DPD forwards completed application packets to the Mayor's Office for appointment and City Council confirmation. You will receive a letter from the Mayor about your appointment. Your local SSA nomination process will have guidelines for commissioner renewals.

FOR RENEWING COMMISSIONERS & COMMISSIONERS IN RECONSTITUTED SSA DISTRICTS

Complete the steps for New Applicants above except if you filed your current year City Ethics Statement already (due May 31), another City and County Ethics Statement are **not** required.

APPLICATION DOCUMENTS

Application, Resume and Relevant Attachments: Complete the application on your computer or print it out to complete it. Attach your resume and attachments.

Supplemental Form: Complete all 12 questions and include attachment for the social media affiliations. Complete on your computer or print to complete.

Principal Profile Form: Complete the form on your computer or print it out to complete it. As appointed officials, SSA Commissioners must not have City debt. The Dept. of Finance uses this form to check for your City debt (parking tickets, administrative hearings, etc.).

Affidavit of Child Support Compliance: Print this form and complete it. As appointed officials, the City requires SSA Commissioners to be clear of outstanding child support payments. **ALL APPLICANTS MUST COMPLETE THIS AFFIDAVIT REGARDLESS OF WHETHER ONE HAS CHILDREN OR NOT AND IT MUST BE NOTARIZED.** DPD or Service Provider Agency staff will then forward to you a report and instructions for remedy if debt is found.

Ethics Pledge: Print this form and complete. As appointed officials, these pledges must be on file.

Code of Conduct Pledge: Print this form and complete. As appointed officials, these pledges must be on file.

Candidate Questionnaire: Required for all Applicants

Resume: Required for all Applicants

City Board of Ethics Statement of Financial Interests (ethics statement): Either complete this form on your computer or print it out and complete. It is a separate PDF file from the application file. As appointed officials, the Chicago Governmental Ethics Ordinance requires SSA Commissioners to file an **ANNUAL** Statement of Financial Interest with the City and County Board of Ethics.

New applicants: Submit an **original** City Ethics Statement with the Application Packet.

Renewing commissioners or commissioners in reconstituted SSA districts: Do **NOT** need to submit a City Ethics Statement with their applications. Filing for renewing Commissioners is due on an annual basis, May 31st of every year. **ORIGINAL** City Ethics Statement should be mailed **DIRECTLY** to the City's Board of Ethics office listed on the form.

Illinois Open Meetings Act Training Certification of Completion: The online training program is administered by the Office of the Illinois Attorney General and is accessible at:
http://foia.ilattorneygeneral.net/electronic_foia_training.aspx.

DPD STAFF CONTACTS

Jennifer Magallanes, Administrative Assistant

PH 312-744-0842 Fax 312-744-5892 Email: jennifer.magallanes@cityofchicago.org

Mark Roschen, Assistant Commissioner

PH 312-744-1083 Email: mark.roschen@cityofchicago.org

SSA Commissioner Application

SSA Number: _____ SSA: _____

SSA Service Provider Agency: _____

Applicant's Name: _____

Home Address: _____

Telephone Numbers: _____

Email Address (required): _____

Gender: _____

List or attach the following information for all properties in this SSA that you own and/or lease in whole or in part:

Property Owner and/or Business Name _____
PIN # _____ Address: _____
List if you Own, Lease or Both: _____

Property Owner and/or Business Name _____
PIN # _____ Address: _____
List if you Own, Lease or Both: _____

List the names/titles and familial relation(s) you have with other SSA Commissioners and/or of the Service Provider Agency board/staff, if any: _____

35 ILC 200/27-100

1. Are you an executive officer, owner or member of the board of directors of the proposed service provider? **Yes:** _____ **No:** _____
If Yes, please explain: _____
2. Is any business owned by you providing or expected to provide goods or services as subcontractor of the proposed service provider? **Yes:** _____ **No:** _____
If Yes, please explain: _____
3. Are you a homeowner in the SSA? **Yes:** _____ **No:** _____
If Yes, please explain: _____

Supplemental Form

(12 Questions)

CHECK ONE

1. **CONVICTION:** Have you or any immediate member of your family ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the offenses of driving or operating a vehicle under the influence of liquor, driving or operating a vehicle while impaired or reckless driving). If yes, please explain:

NO YES

2. **CURRENT CHARGES AND INVESTIGATIONS:** Are you or any immediate member of your family now under investigation or facing charges for any violation of law? If yes, please provide details:

NO YES

3. **AGENCY PROCEEDINGS CIVIL LITIGATION:** Are you presently, or have you ever been a party of interest in any administrative agency proceeding or civil litigation that is related in any way to the position for which you are being considered? If yes, please provide details:

NO YES

4. **ASSOCIATIONS:** Have you ever had any association with any person, group or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for a position in the Mayor's administration? If yes, please describe:

NO YES

5. **OPPOSITION:** Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If yes, please identify and explain the basis for the potential attack on a separate attachment.

NO YES

6. **SOCIAL MEDIA:** Please list on a separate attachment the url addresses of any websites that feature you in either a personal or professional capacity (including Facebook, blogs, etc.).

Separate Attachment

7. **RELATIONSHIP TO GOVERNMENTAL EMPLOYEES:** Are you related to any city of Chicago government official or employee? If yes, please provide details:

NO YES

8. **FINANCIAL STAKES:** Do you own real property, personal property or financial holdings or receive income from any source which might present a potential conflict or appearance of a conflict with the position for which you are being considered? If yes, please explain:

NO YES

9. **BUSINESS RELATIONSHIPS:** Describe, on a separate attachment, any business relationship, dealing or financial transaction which you have had during the last ten years, whether for yourself, on behalf of a client, or acting as an agent which you believe may constitute an appearance of impropriety or result in a potential conflict of interest with the position for which you are being considered. **If none, please state "None"**

Answer here

10. GOVERNMENT CONTRACTS: Have you or any member of your immediate family (or any company in which you or any member of your immediate family holds an ownership interest in excess of five percent or serves as an officer or principal) held a contract with a federal, state or local government entity at any time during the last ten years? If yes, please explain:

NO YES

11. TRANSACTIONS WITH OFFICIALS: During the past ten years, have you received any compensation or been involved in any financial transaction with any government official? If yes, please explain:

NO YES

12. REGULATED ACTIVITIES: Describe on a separate attachment any interest which you have (whether as an officer, owner, director, trustee or partner) in any corporation, firm, partnership, or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the city of Chicago. **If none, please state "None"**

 Answer here

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINCIPLE PROFILE FORM

NOTE: Please complete fully and clearly. This information is used only by the City of Chicago, Department of Finance for investigating your City debt.

Date Completed: _____ SSA # _____ SSA Name _____

First Name _____ Middle: _____ Last Name _____

Home Street Address _____ City _____ State _____ Zip _____

Date of Birth: _____ SSN#: _____

Driver's License Number: _____ State Issued: _____

License Plate Number(s): _____ State Issued _____

License Plate Number(s): _____ State Issued _____

License Plate Number(s): _____ State Issued _____

STATE OF ILLINOIS
COUNTY OF COOK

AFFIDAVIT OF CHILD SUPPORT COMPLIANCE

I, _____, being duly sworn on oath, state that the following statements are true and correct to the best of my knowledge and belief:

My full legal name is: _____

My home address is: _____

My home phone number is: _____ My work phone number is: _____

My driver's license number is: _____

My social security number is: _____ My date of birth is: _____

If I have any child support obligations, I affirm that I am in compliance with such obligations and that my court case number is: _____

I agree to comply in the future with any court order to pay child support.

I agree to comply with any present, or future, order to withhold child support payments from an employee's salary, if I or my company are named as a payor for withholding child support.

I agree to enroll children in a health insurance plan, if I or my company are now, or in the future, named as a payor for enrolling a child in a health insurance plan.

I agree to have the information provided in this affidavit audited by the Department of Consumer Services for the purposes of assuring that any child support obligation I may have now or in the future is met.

I understand that I may be prosecuted by the Department of Consumer Services if any of the above statements are found to be false, either wholly or partially.

I further understand that in addition to being prosecuted by the City for false or misleading statements on this affidavit, that any misrepresentation made in this affidavit may result in a three-year period of ineligibility with the City.

I understand that all city employees must comply with all court-ordered child support obligations as a condition of city employment. Noncompliance shall be grounds for disciplinary action.

Under penalties as provided by law, including but not limited to Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.

Signed: _____ Dated: _____

Subscribed and sworn to before me this

_____ day of _____, 20_____

_____ Notary Public

ETHICS PLEDGE PURSUANT TO §2-156-105 OF THE GOVERNMENTAL ETHICS ORDINANCE

As a condition, and in consideration, of my appointment by the City of Chicago in a position invested with the public trust, I shall, upon leaving my government appointment, comply with the applicable requirements of Section 2-156-105* of the Chicago Municipal Code imposing restrictions upon lobbying by former government appointees, which I understand are binding on me and are enforceable under law.

I acknowledge that Section 2-156-105 (c)* of the Chicago Municipal Code, which I have read before signing this pledge, imposes restrictions upon former government appointees and sets forth the methods for enforcing them. I expressly accept the applicable provisions of Section 2-156-105 (c) and (d)* of the Chicago Municipal Code as part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of government service.

*** 2-156-105. Post-employment Restrictions on Lobbying.**

- (c) Any person who is appointed by the Mayor to the board of any board, commission, authority or agency, on or after May 16, 2011, shall be prohibited from lobbying that board, commission, authority or agency for a period of two years after the date on which his or her service on the board ends.
- (d) The prohibitions on lobbying set forth in this section shall not apply to any person who (i) occupied the position before May 16, 2011, and (ii) resigned from that position before November 16, 2011. Nothing in this section shall be construed to prohibit a person from lobbying on behalf of, and while employed by, another government agency.

Signature

Printed Name

Date

Ethics Pledge and Commitment to Follow the City of Chicago's Code of Conduct

As a condition and in consideration of my appointment by the City of Chicago, I hereby: 1) commit myself to follow the City's Code of Conduct, pursuant to §2-156-005 of the Municipal Code of Chicago; and 2) pledge to comply with all applicable requirements set forth in §§2-156-015 and -105 of the Municipal Code of Chicago:

1. The code of conduct set forth in this section shall be aspirational and shall guide the conduct of every official and employee of the City. As an official of the City, I shall:
 - (1) remember that I am a public servant who must place loyalty to the federal and Illinois constitutions, laws, and ethical principles above my private gain or interest.
 - (2) give a full day's work for a full day's pay.
 - (3) put forth honest effort in the performance of my duties.
 - (4) treat members of the public with respect and be responsive and forthcoming in meeting their requests for information.
 - (5) act impartially in the performance of my duties, so that no private organization or individual is given preferential treatment.
 - (6) refrain from making any unauthorized promises purporting to bind the City.
 - (7) never use any nonpublic information obtained through the performance of City work for private gain.
 - (8) engage in no business or financial transaction with any individual, organization or business that is inconsistent with the performance of my City duties.
 - (9) protect and conserve City property and resources, and use City property and resources only for authorized purposes or activities.
 - (10) disclose waste, fraud, abuse, and corruption to the appropriate authorities.
 - (11) adhere to all applicable laws and regulations that provide equal opportunity for all persons regardless of race, color, religion, gender, national origin, age, sexual orientation, or handicap.

I understand that this document is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or equity, by any party against the City, its departments, agencies, entities, officers, employees or agents, or any other person.

Signature

Printed Name

Date

CANDIDATE QUESTIONNAIRE

Full Name: _____

Prospective SSA/Position: _____

Briefly describe your professional/personal background.

State why you want to serve on the Commission and what you anticipate the SSA will undertake.

Have you ever been employed by any City of Chicago department or sister agency? If yes, please provide position title(s), department(s), and dates of service. YES _____ NO _____

RELATIONSHIP TO GOVERNMENTAL EMPLOYEES Are you or your spouse/partner or any other relatives (including but not limited to those by blood or by adoption: niece or nephew, in laws or half siblings) related to any city of Chicago government official or employee? If yes, please provide details.

YES _____ NO _____