

**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 \_\_\_\_\_