

# SSA 2016 Commissioner Application



**Rahm Emanuel, Mayor**  
City of Chicago  
Department of Planning and Development (DPD)

## APPLICATION CHECKLIST

(Attach the Checklist as a cover sheet for your Application Packet)

### Checklist for Applicant use only (to be completed by the Applicant):

Submit your Application Packet to: Jennifer Magallanes, Administrative Assistant, DPD, 121 N. LaSalle Rm. 1003, Chicago, IL 60602. For questions, contact Jennifer Magallanes 312-744-0842 or [jennifer.magallanes@cityofchicago.org](mailto:jennifer.magallanes@cityofchicago.org).

- Application (including attachments as relevant)
- Resume
- Principal Profile Form
- Affidavit of Child Support
- Ethics Pledge
- Code of Conduct Pledge
- Illinois Open Meetings Act Training Certification of Completion
- New Applicants: 2016 City Ethics Statement (separate PDF file)
- Renewing Commissioners: do NOT complete another 2016 City Ethics Statement if you already filed one. If you did not file yet, mail your ORIGINAL 2016 City Ethics Statement DIRECTLY to the City's Board of Ethics office listed on the form and provide a COPY to DPD.

### Checklist for City use only (to be completed by the City):

1. Applicant Name: \_\_\_\_\_
2. SSA # and Name: \_\_\_\_\_
3. City Debt Report (circle one):      Cleared      Debt
4. Applicant Debt Remedy status: \_\_\_\_\_
5. Aldermanic Letter(s)
  - a. Alderman: \_\_\_\_\_ Ward: \_\_\_\_\_ Letter Date: \_\_\_\_\_
  - b. Alderman: \_\_\_\_\_ Ward: \_\_\_\_\_ Letter Date: \_\_\_\_\_
  - c. Alderman: \_\_\_\_\_ Ward: \_\_\_\_\_ Letter Date: \_\_\_\_\_
  - d. Alderman: \_\_\_\_\_ Ward: \_\_\_\_\_ Letter Date: \_\_\_\_\_
6. Date Sent to Mayor's Office: \_\_\_\_\_
7. Council Intro Date: \_\_\_\_\_ Passage Date: \_\_\_\_\_

### FOR NEW APPLICANTS

1. To find out if there are available seats on an SSA Commission and for the local nominating process, check with the local SSA Service Provider Agency, Aldermen or DPD. For more information and contacts, visit [www.cityofchicago.org](http://www.cityofchicago.org).
2. Once you are nominated, submit your completed Application Packet to the attn. of Jennifer Magallanes, DPD, and notify the local Service Provider and aldermen. See the Checklist above for what to submit.
3. DPD staff will request a City debt report from the Dept. of Finance. DPD staff 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. The Service Provider Agency will request aldermanic support letter(s) on your behalf.
5. 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 2016 City Ethics Statement already (due May 1, 2016), 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.

#### **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 forward you your report and instructions for remedy if debt is found.

#### **Ethics Pledge and Code of Conduct Pledge**

Print these forms and complete them. As appointed officials, these pledges must be completed and on file.

#### **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](http://foia.ilattorneygeneral.net/electronic_foia_training.aspx). New applicants have 90 days from confirmation date to complete the training.

#### **2016 City Board of Ethics Statement of Financial Interests**

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 Boards of Ethics.

- New applicants: must complete a 2016 City Ethics Statement with the Application Packet.
- Renewing commissioners or commissioners in reconstituted SSA districts: if you filed your 2016 City Statement already, do **NOT** complete another one. If you have not filed your 2016 statement, submit your ORIGINAL 2016 City Ethics Statement DIRECTLY to the City's Board of Ethics office.

### DPD STAFF CONTACTS

**Jennifer Magallanes**, Administrative Assistant

PH 312-744-0842 Fax 312-744-5892 Email: [jennifer.magallanes@cityofchicago.org](mailto:jennifer.magallanes@cityofchicago.org)

**Mark Roschen**, Assistant Commissioner

PH 312-744-1083 Email: [mark.roschen@cityofchicago.org](mailto:mark.roschen@cityofchicago.org)

# 2016 SSA Commissioner Application

SSA Number: \_\_\_\_\_ SSA \_\_\_\_\_

SSA Service Provider Agency: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
First Middle Last

Telephones: \_\_\_\_\_  
Street City Zip Code Ward

Work Cell (identify work, home, or both) Home Fax

List the email you prefer the City to use to contact you: \_\_\_\_\_

Ethnic Affiliation (optional): \_\_\_\_\_ 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 in SSA: \_\_\_\_\_  
List if you Own, Lease, or Both: \_\_\_\_\_

Property Owner and/or Business Name \_\_\_\_\_  
PIN #: \_\_\_\_\_ Address in SSA: \_\_\_\_\_  
List if you Own, Lease, or Both: \_\_\_\_\_

List or attach an explanation of why you want to serve as a Commissioner for this SSA:

Briefly explain your work history and attach your resume:

List the position you hold if you currently serve on the board of directors of this SSA's Service Provider Agency:

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:

List the other SSA Commissions you serve on, if any:

SSA #: \_\_\_\_\_ SSA Name: \_\_\_\_\_  
SSA #: \_\_\_\_\_ SSA Name: \_\_\_\_\_  
SSA #: \_\_\_\_\_ SSA Name: \_\_\_\_\_

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) NO YES If yes, please explain:

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? NO YES If yes, please provide details:

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? NO YES If yes, please provide details:

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 If yes, please describe:

5. **OPPOSITION** Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? NO YES If yes, please identify and explain the basis for the potential attack on a separate attachment.

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.).

7. **RELATIONSHIP TO GOVERNMENTAL EMPLOYEES** Are you related to any city of Chicago government official or employee? NO YES If yes, please provide details:

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? NO YES If yes, please explain:

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".

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? NO YES If yes, please explain:

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? NO YES If yes, please explain:

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".

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 Number: \_\_\_\_\_ 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:

1. My full legal name is: \_\_\_\_\_
2. My home address is: \_\_\_\_\_
3. My home phone number is: \_\_\_\_\_; my work phone number **is** \_\_\_\_\_
4. My driver's license number is: \_\_\_\_\_
5. My social security number is: \_\_\_\_\_, My date of birth is: \_\_\_\_\_
6. If I have any child support obligations, I affirm that I am in compliance with such obligations and that my court case number is: \_\_\_\_\_.
7. I agree to comply in the future with any court order to pay child support.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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.

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Signature

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Printed Name

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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.

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Signature

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Printed Name

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Date