

**LAKE COUNTY BOARD OF HEALTH
ADVISORY COMMITTEE APPLICATION**

Jim Allie

847-265-0724

Name

559 Colony Ave

Home Phone

Lindenhurst

Home Address

Illinois

60046

City

Lake

State

Six Flags Great America

Zip

County

Culinary Services Supervisor

Place of Employment

542 N Route 21

Title

Gurnee

Address

Illinois

60031

City

Lake

State

Zip

County

847-625-7523

Business Phone

Jallie@sftp.com

Email Address(es)

Community activities, including offices held:

N/A

Professional Activities/Organizations, including offices held:

Certification Food Service manager – State of Illinois

Certification – Illinois BASSET Training

Certification Illinois Allergen Awareness Training

I am interested in the following committee(s):

To build a rapport with the Health Advisory Committee, as we have had a good working relationship with

The Lake County Health Department over the years

Please state why you are interested in the appointment:

To Represent Six Flags, as a Major tourist destination in the county, input from the Park may be a good

Source of Ideas and an additional working relationship could benefit both

References:

Hardeep Lall

Name

Director of In Park Services

Affiliation

542 N Route 21, Gurnee IL

Address

847-249-2133- ext 2000

Phone

Name

Affiliation

Address

Phone**If nominated, nominated by:**

Name

Affiliation

Address

Phone

Committee membership is open to providers, consumers and citizens from Lake County. This ensures a balance of input from all groups affected by and interested in Lake County Health Department activities. At times, it is necessary to identify potential conflict of interest situations; therefore, please answer the following question.

Currently, or within the last 12 months, have you had any ownership, employment, medical staff, fiduciary, contractual, creditor, consultive, or familial relationship with the Lake County Board of Health, Health Department, or with any of its employees?

☐ Yes☒ No**If Yes, please explain:**

Each new applicant for membership is requested to complete this form. Present Committee members shall annually update the information. Each member is also responsible for notifying the Health Department of any change in employment or affiliation.

Attach a resume, if available.

The above information is accurate and correct to the best of my knowledge.

Signature of Applicant

4/4/18

Date