

EAST WHITELAND TOWNSHIP

APPLICATION TO SERVE ON A BOARD OR COMMISSION

PLEASE PRINT ALL INFORMATION

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Position Applying for: _____ Term of Position: _____

PERSONAL DATA

Are you at least 18 years of age? _____

Have you resided in East Whiteland Township for at least one year? _____ Are you currently a resident? _____

Are you legally eligible for employment in the U.S.A.? _____

Were you ever convicted of a felony which has not been annulled or expunged or sealed by a court? _____

If yes, explain _____

Why are you interested in serving on this Board of Commission? _____

What knowledge, skills, abilities, business, or professional or personal expertise do you possess which would enable you to fill this position? _____

Do you participate in any activities or hobbies which would aid you in performing the duties of the position you are seeking? _____

Applicant's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (Day) _____ (Evening) _____

Email: _____

EMPLOYMENT HISTORY: Starting with present or most recent employer, list all periods of employment including time spent in military service, covering the last 7 years. Use back of page if additional space is required.

Name and Address of Company
and Type of Business: _____

Phone No.: _____ Dates of Employment: (from) _____ (to) _____
Position Held: _____ Duties: _____

Name and Address of Company
and Type of Business: _____

Phone No.: _____ Dates of Employment: (from) _____ (to) _____
Position Held: _____ Duties: _____

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and Type of Business: _____

Phone No.: _____ Dates of Employment: (from) _____ (to) _____
Position Held: _____ Duties: _____

Name and Address of Company
and Type of Business: _____

Phone No.: _____ Dates of Employment: (from) _____ (to) _____
Position Held: _____ Duties: _____

EDUCATIONAL BACKGROUND

| | High School | College/Univ. | Bus. Tech./Other | Grad./Prof. |
|------------------------|--------------------|----------------------|-------------------------|--------------------|
| School Name | | | | |
| Year Completed | | | | |
| Diploma/Degree | | | | |
| Course of Study | | | | |

READ CAREFULLY BEFORE SIGNING:

I certify that the statements contained herein are true. I understand that false or incomplete statements herein or in any resume I have supplied are grounds for removal from the Board of Commission.

Signature: _____ **Date:** _____

Copies of this application will be forwarded to the Board of Supervisors and the Chairperson of the Board of Commission you wish to serve. All applications will be kept on file for a period of one year.