

The Borough of Sewickley

Talent Bank Application

NAME: _____ DATE _____

STREET ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____
(EMAIL ADDRESS WILL NOT BE SHARED)

OCCUPATION: _____

EDUCATION: _____

LENGTH OF RESIDENCY IN SEWICKLEY: _____

ANY PREVIOUS RELATED EXPERIENCE (PLEASE EXPLAIN): _____

REFERENCES: _____

WHAT DO YOU SEE THE MAYOR'S ROLE TO BE IN THE COMMUNITY?

WHAT ARE THE TOP 3 ISSUES YOU THINK ARE CURRENTLY FACING THE COMMUNITY?

WHAT MAKES YOU STAND OUT FROM OTHERS WHO ARE APPLYING FOR THIS POSITION?

WHAT DO YOU HOPE TO ACCOMPLISH AS MAYOR?

HOW DO YOU MANAGE CONFLICT?

NOTE: As an applicant for appointment, this information will be made available to the press and public.

RETURN TO THE BOROUGH MANAGER'S OFFICE, 601 THORN STREET, SEWICKLEY, PA 15143, PHONE #412-741-4015, FAX # 412-741-2421 OR EMAIL MMARCINKO@SEWICKLEYBOROUGH.ORG

APPLICATIONS WILL REMAIN ON FILE FOR ONE (1) YEAR FROM DATE OF FILING