

The Borough of Sewickley Council Talent Bank Application

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

OCCUPATION: _____

EDUCATION: _____ RESIDENT OF SEWICKLEY: Y/N IF YES, HOW LONG: _____

ANY PREVIOUS RELATED EXPERIENCE (PLEASE EXPLAIN): _____

REFERENCES: _____

IN YOUR OPINION WHAT IS THE ROLE OF THE COUNCILPERSON?

WHY DO YOU WANT TO SERVE ON THE COUNCIL?

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

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

WHAT DO YOU HOPE TO ACCOMPLISH AS A COUNCILMEMBER?

HOW DO YOU MANAGE CONFLICT?

NOTE: As an applicant for appointment, this information will be made available to the press and public.
(with the exception of your email address and phone number)

Return to the Borough Manager's office, 601 Thorn Street, Sewickley, PA 15143, Fax # (412) 741-2421, or email
dkaib@sewickleyborough.org

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