

The Borough of Sewickley Talent Bank Application

NAME: _____ DATE _____

STREET ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

(EMAIL ADDRESS WILL NOT BE SHARED)

EMPLOYMENT: _____ OCCUPATION: _____

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

ANY PREVIOUS RELATED EXPERIENCE (PLEASE EXPLAIN): _____

REFERENCES: _____

PLEASE CHECK THE AUTHORITIES/BOARDS/COMMISSIONS OF INTEREST AND RETURN TO THE BOROUGH MANAGER'S OFFICE, 601 THORN STREET, SEWICKLEY, PA 15143, PHONE #412-741-4015, FAX # 412-741-2421 OR EMAIL ADMINASSIST@SEWICKLEYBOROUGH.ORG

AUTHORITIES/BOARDS/COMMISSIONS

MEETING DATES AND TIMES

_____ HISTORIC REVIEW COMMISSION
_____ PLANNING COMMISSION
_____ SHADE TREE COMMISSION
_____ ZONING HEARING BOARD
_____ CIVIL SERVICE COMMISSION

1ST MONDAY OF EACH MONTH AT 7:00 PM
1ST WEDNESDAY OF EACH MONTH AT 7:00 PM
1ST TUESDAY OF EACH MONTH AT 7:00 PM
1ST TUESDAY OF EACH MONTH AT 7:00 PM
MEET AS NEEDED

IN YOUR OPINION WHAT IS THE ROLE OF THE AUTHORITY/BOARD AND/OR COMMISSION FOR WHICH YOU ARE APPLYING?

WHY DO YOU WANT TO SERVE ON THE AUTHORITY/BOARD AND/OR COMMISSION FOR WHICH YOU ARE APPLYING?

COMMENTS:

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

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