

BOROUGH OF LEWISTOWN
INFORMATIONAL APPLICATION

POSITION _____

NAME _____

ADDRESS _____

TELEPHONE: HOME _____ OFFICE _____ CELL _____
E-MAIL _____

DESCRIBE YOUR BACKGROUND, EDUCATION AND PERSONAL EXPERIENCE THAT YOU FEEL MAY QUALIFY YOU FOR THE POSITION. _____

HAVE YOU EVER PARTICIPATED IN ANY LOCAL GOVERNMENT ORGANIZATION PREVIOUSLY? IF SO, PLEASE DESCRIBE. _____

DESCRIBE WHY YOU DESIRE TO BE APPOINTED TO THIS POSITION AND WHAT YOU FEEL YOU HAVE TO CONTRIBUTE TO IT. _____

I, _____, am currently a qualified elector of the
Borough of Lewistown Yes _____ No _____

Additionally, do you hold an elective or appointed office under the United States Government, the Commonwealth of Pennsylvania or any political subdivision of the Commonwealth of Pennsylvania? Yes _____ No _____

RETURN TO: BOROUGH OF LEWISTOWN
2 EAST THIRD STREET
LEWISTOWN PA 17044