

MUNICIPALITY OF MURRYSVILLE APPLICATION FOR APPOINTMENT

Please complete the following application and return it to the Chief Administrator, at 4100 Sardis Road, Murrysville, PA 15668. Should you have any questions regarding this application, please feel free to contact the Chief Administrator at (724) 327-2100. Please be advised that all information provided is public information and can be reviewed by the public as set forth in the Freedom of Information Act.

Please list any other Board, Commission, or Committee position(s) that you would consider as an alternative should you not be picked for your initial choice:

Initial Choice: _____
Alternate Choice: _____
Alternate Choice: _____
Alternate Choice: _____
Alternate Choice: _____

PERSONAL INFORMATION

| | |
|----------------------------|--------------|
| APPLICANT | PHONE NUMBER |
| APPLICANT'S ADDRESS | |
| NUMBER OF YEARS A RESIDENT | |
| OCCUPATION | EMPLOYER |

COMMUNITY ACTIVITIES

| COMMUNITY/CIVIC ACTIVITIES | |
|----------------------------|----------------|
| 1. | FROM TO |
| 2. | FROM TO |
| 3. | FROM TO |
| 4. | FROM TO |
| 5. | FROM TO |

PROFESSIONAL EXPERIENCE

Please list any professional experience(s) that would assist you in the performance of your duties as a member of the Gifting Committee?

| | |
|----|----------------|
| 1. | FROM TO |
| 2. | FROM TO |
| 3. | FROM TO |

QUESTIONS

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|--|
| 1. WHY DO YOU WANT TO BE ON THE GIFTING COMMITTEE? |
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2. WHAT DO YOU FEEL ARE THE MOST PRESSING ISSUES FACING THE GIFTING COMMITTEE?

I HAVE REVIEWED THE ATTACHED STATEMENT OF FINANCIAL INTERESTS AND WOULD NOT HAVE ANY CONFLICTS THAT WOULD PREVENT THE COMPLETION AND EXECUTION OF THIS FORM FOLLOWING AN OFFICIAL APPOINTMENT.

Signature

Date