

REQUEST FOR APPOINTMENT

DATE _____

AUTHORITY, BOARD OR COMMISSION YOU ARE REQUESTING APPOINTMENT TO: _____

NAME: _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

TELEPHONE NO. (RESIDENCE) _____ **BUSINESS** _____

EMAIL: _____

PRESENTLY EMPLOYED BY: _____

JOB TITLE: _____

EMPLOYMENT (Prior): _____

EDUCATION:
HIGH SCHOOL GRADUATE: _____ **YES** _____ **NO**
COLLEGE OR UNIVERSITY GRADUATE _____ **YES** _____ **NO**
DEGREE/FIELD OF STUDY _____

CURRENT MEMBERSHIP IN ORGANIZATIONS AND OFFICES: _____

PAST ORGANIZATIONAL MEMBERSHIP AND OFFICES HELD: _____

DO YOU LIVE IN THE CITY OF ALLENTOWN: _____ **YES** _____ **NO**

DO YOU HAVE A SIGNIFICANT "BUSINESS" OR "PROPERTY" INTEREST IN ALLENTOWN? PLEASE EXPLAIN:

ARE YOU A REGISTERED VOTER: _____ **YES** _____ **NO**

WHY ARE YOU INTERESTED IN THIS APPOINTMENT? BE SURE TO INCLUDE WHAT VALUE YOU WILL BRING TO THE BOARD:

DO YOU ANTICIPATE A CONFLICT OF INTEREST BY SERVING AS A MEMBER OF AN AUTHORITY, BOARD OR COMMISSION: _____ **YES** _____ **NO**

IF YES, EXPLAIN: _____

IF YOU ARE BEING CONSIDERED FOR REAPPOINTMENT, PLEASE INDICATE HOW MANY TERMS YOU HAVE SERVED _____ AND THE YEAR YOU WERE FIRST APPOINTED _____.

NOTE: This information will be used for making appointments to authorities, boards and commission and in the event you are appointed/reappointed, it may be used as a news release to identify you to the community.

Signature

Date

Please forward this request for appointment, along with a resume to:

**Mayor's Office
City Hall
435 Hamilton Street
Allentown, PA 18101**