

Borough of Marcus Hook
1111 Market Street
Marcus Hook, PA 19061
610-485-1341
610-485-9767 (Fax)

BOROUGH OF MARCUS HOOK BOARDS AND COMMISSIONS APPLICATION

NAME _____

HOME ADDRESS _____

EMPLOYER'S NAME _____ OCCUPATION _____

EMPLOYER'S ADDRESS _____

EMAIL ADDRESS: _____

HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____

ARE YOU A REGISTERED MARCUS HOOK BOROUGH VOTER? YES _____ NO _____

HOW LONG HAVE YOU RESIDED IN MARCUS HOOK BOROUGH? Years _____ Months _____

HOW MANY MARCUS HOOK BOROUGH COUNCIL OR ADVISORY BOARD MEETINGS HAVE YOU ATTENDED IN THE PAST THREE YEARS? _____

BOARD(S) OR COMMISSION(S) PREFERENCE (Please indicate from one to three with one being your first choice):

NOTE: IT IS THE PREFERENCE OF THE BOROUGH OF MARCUS HOOK THAT APPLICANTS ATTEND AT LEAST ONE MEETING OF THE BOARD TO WHICH THEY ARE SEEKING APPOINTMENT.

PLANNING COMMISSION _____ #ZONING HEARING BOARD _____

RECREATION AND PARK BOARD _____ BOARD OF HEALTH _____

LIBRARY BOARD _____ CIVIL SERVICE COMMISSION _____

SHADE TREE COMMISSION _____ ENVIRONMENTAL ADVISORY COUNCIL _____

HISTORICAL COMMISSION _____

Required to file the State Ethics Commission Financial Disclosure Statement.

EDUCATIONAL BACKGROUND

High School Attended: _____ Year Graduated: _____

University / College attended: _____

Degrees received: _____

Major area of study: _____

BRIEFLY DESCRIBE WHY YOU WISH TO SERVE AS A MEMBER OF EACH BOARD OR COMMISSION AND HOW YOUR PERSONAL EXPERIENCE AND BACKGROUND RELATE TO THE FUNCTION OF EACH BOARD OR COMMISSION ON WHICH YOU WISH TO SERVE

LIST COMMUNITY/CIVIC INVOLVEMENT: _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME

MEMBERSHIP ON THE ZONING HEARING BOARD REQUIRES COMPLIANCE WITH PENNSYLVANIA LAW REGARDING THE FILING OF FINANCIAL DISCLOSURE FORMS WITH THE STATE ETHICS COMMISSION.

THE BOROUGH COUNCIL MAY CONDUCT INTERVIEWS AT THE TIME A VACANCY ON A BOARD OR COMMISSION OCCURS. APPOINTMENTS ARE THEN MADE AT THE NEXT REGULARLY SCHEDULED MONTHLY BOARD MEETING.

Applications will be kept on file in the Community Leadership Resource Bank (CLRB) maintained in the Borough Secretary's Office for Two Years. Applicants will be notified of vacancies prior to the scheduled interview.

Signature of Applicant: _____
Date: _____

For Office Use Only.

Date application received: _____ **Board/Commission vacancy:** _____

Date Interviewed: _____

Appointed _____ **Y** _____ **N** **Date:** _____