

**CITY OF MONESSEN REQUEST FOR APPOINTMENT (BOARDS,
AUTHORITIES, COMMISSIONS)**

AUTHORITY, BOARD OR COMMISSION YOU ARE REQUESTING APPOINTMENT TO:

NAME:

HOME ADDRESS:

BUSINESS ADDRESS (IF APPLICABLE):

TELEPHONE NUMBER (_____) _____ - _____ MOBILE ____ HOME ____ (*Check One*)

EMAIL:

PRESENTLY EMPLOYED BY:

JOB TITLE:

EMPLOYMENT:

EDUCATION: HIGH SCHOOL GRADUATE: YES ____ NO ____

COLLEGE OR UNIVERSITY GRADUATE: YES ____ NO ____

DEGREE/FIELD OF STUDY:

CURRENT MEMBERSHIP AND POSITIONS (IF ANY) IN ORGANIZATIONS:

PAST ORGANIZATIONAL MEMBERSHIP AND OFFICES HELD:

DO YOU LIVE IN THE CITY OF MONESSEN? YES _____ NO _____

DO YOU HAVE A SIGNIFICANT BUSINESS OR PROPERTY INTEREST IN THE CITY OF MONESSEN?

PLEASE EXPLAIN:

WHY ARE YOU INTERESTED IN THIS APPOINTMENT? BE SURE TO INCLUDE WHAT VALUE YOU WILL BRING TO THE BOARD. INCLUDE ANY SPECIFIC SKILLS OR ABILITIES:

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

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

PLEASE INCLUDE A COVER LETTER OF INTEREST UPON YOUR SUBMISSION OF THIS APPLICATION.

NOTE: This information will be used for making appointments to Authorities, Boards, and Commissions.

Signature

Date

**Please forward this request for appointment, along with a cover letter and resume to:
Monessen City Hall, 575 Donner AVE, Monessen, PA 15062**

Please Note: If applying to the Monessen Library Board, Monessen Recreation Board, or any entity involving children, you will need to obtain the necessary Child Abuse Clearances, as required by the Commonwealth of Pennsylvania.