Mailing Address P.O. Box 277 Dauphin, PA 17018



Office Address 10 Elizabeth Avenue Dauphin PA, 17018

Phone: 717-921-8128 Fax: 717-474-8146

Middle Saxton Township

APPLICATION FOR APPOINTMENTS

SIGNATURE:	DATE:
	r reasons for requesting appointment to the above esume. Answer all questions on pages 3 and 4 of this
If appointed, how much time can you devote the m	unicipal body:
Other:	Graduation Year:
College:	Graduation Year:
High School:	Graduation Year:
Educational Background:	
(Include Evenings)	
	FAX Number:
Address:	Telephone Number:
Current Employer:	Job Title:
request appointment to the whome raxion rowns	(You may list more than one municipal body)
	hip
Address:	
Name:	Telephone Number:

In signing, I do solemnly swear (or affirm) that this application contains no misrepresentation, falsification, or omission, and that the information given by me is true and complete to the best of my knowledge and belief. Furthermore, I do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of the Commonwealth of Pennsylvania, and that I will discharge the duties of my office with the fidelity.

Please type or print neatly)		

Application for Appointment

Please answer all of the following questions. Should additional space be required, use the reverse side of this form. 1. On what date would you first be available for service? _____ 2. Are you now or have you ever been, knowingly, a member of any organization, association, group, or movement which advocates, or has advocated, the commission of acts of force or violence, the denial of persons their rights under the Constitution of the United States, or the alteration of the form of government of the United States by unconstitutional means? Yes (If Yes, please state particulars) _____No 3. Do you own any property in Middle Paxton Township or have an interest in a partnership, corporation or other entity which owns property, where that property is presently subject to a tax lien or sewer lien? _____Yes (If yes, please state particulars) 4. Do you possess any professional or personal involvement in an activity or organization which may present a conflict of interest, or the appearance of a conflict of interest, in any service to Middle Paxton Township in an appointed capacity? _____Yes (If yes, please state particulars) _____No 5. Have you ever been convicted of a felony? _____Yes 6. Have you ever been subject to a finding of child abuse? _____Yes 7. Have you ever been subject to a finding of sexual harassment? ______Yes ______No 8. Middle Paxton Township adheres to the tenets of the Drug Free Workplace Act, and has zero tolerance for the use of unlawful drugs in the workplace. Are you willing to support the provisions of this Act? _____Yes _____No

Application for Appointment

9.	The Middle Paxton Township municipal building is a "smoke free" building. Cigarette smoking is not permitted within the facility. Are you willing to abide by this restriction?		
	YesNo		
10.	Are you an active member of any nonprofit, civic, charitable, or community based organizations?		
	Yes (If yes, please state particulars)No		
11	Are you registered to yet? Ves. No.		
11.	Are you registered to vote?YesNo		
12.	The Board of Supervisors desires to appoint individuals who will be active participants on municipal boards and commissions, including regular attendance at scheduled meetings. Are you willing to be an active board member and attend scheduled meetings?		
	YesNo		
13.	What special skills do you possess, including hobbies and leisure activities that may enhance your Township service?		
14.	Are you willing to participate in training sessions and webinars, and does your schedule allow for on-going training through-out your appointment?		
	YesNo		