

BOROUGH OF AMBRIDGE

**600 Eleventh St.
Ambridge, Pa 15003**



**STATEMENT OF QUALIFICATIONS
APPOINTMENTS, BOARDS & COMMISSIONS**

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

POSITION I

AM INTERESTED IN: _____

Please - one board or commission per application -if more than one your application will be voided

**REASON FOR MY
INTEREST:** _____

QUALIFICATIONS: _____

BY SIGNING THIS APPLICATION I CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT AND THAT I GIVE PERMISSION FOR TO HAVE BACKGROUND CHECK. I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN WILL DISQUALIFY ME. PLEASE NOTE THAT YOUR APPLICATION WILL BE KEPT ON FILE AT THE BOROUGH FOR 1 YEAR FROM DATE RECEIVED.

SIGNATURE OF APPLICANT

DATE