

BOROUGH OF AMBRIDGE
600 Eleventh St.
Ambridge, Pa 15003



STATEMENT OF QUALIFICATIONS
APPOINTMENTS, BOARDS & COMMISSIONS

NAME:

ADDRESS:

HOME PHONE:

WORK PHONE:

CELL PHONE:

POSITION I

AM INTERESTED IN:

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.

SIGNATURE OF APPLICANT

DATE