



# CITY OF READING

## PRESIDENT of COUNCIL

### APPLICATION FORM

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E Mail Address: \_\_\_\_\_

If you need more space for any of the questions below, please use the back of this form. If you have a current resume, please attach it to this completed application.

1. Why are you interested in serving on City Council?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In your opinion, what is City Council's primary function in the Home Rule form of government?

\_\_\_\_\_  
\_\_\_\_\_

3. What skills, abilities or other characteristics do you have that will help City Council successfully achieve its purpose?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you had any previous experience working with or for any governmental bodies? If yes, please describe.

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5. Have you served in volunteer roles in the community (e.g. youth organizations, church, etc.) or served on any of the City's Community Groups? Please list.

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6. Have you ever been employed by the City of Reading? If so, please list.

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7. In a business relationship, have you ever provided goods or services for the City? If so, please describe?

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8. Have you served previously on any City of Reading Board, Authority, or Commission or in any other advisory capacity? If yes, please list the position and date(s) of service.

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9. Are you currently a registered voter? Yes\_\_\_No\_\_\_

10. Have you ever been convicted of a felony? Yes\_\_\_No\_\_\_

11. Do you own any properties or businesses in the City? If so, please list?

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12. Will your schedule permit you to attend Council meetings held on every Monday evening beginning at 5 p.m.? Yes\_\_\_No\_\_\_

13. Do you have any water/sewer bills, property taxes, codes violations, or fines which are delinquent for 6 months or longer? If so, please list and provide explanation.

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I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to penalties of 18 PA.C.S. 4904, relating to unsworn falsification of authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the completed form to the **City Clerk's Office**  
**Office 2-24**  
**815 Washington Street**  
**Reading, PA 19601**