



CITY OF READING

BOARDS AUTHORITIES & COMMISSIONS

APPLICATION FORM

Article X of the City of Reading Home Rule Charter encourages the participation of citizens in their government through the establishment of Boards and Commissions to carry out City business. The broad citizen participation is encouraged in the recruitment of appointees and in making appointments.

As per Charter Article X, no appointee of any board or commission shall hold any other elected public office or any compensated position for the City. No person may serve concurrently on more than one board, authority or commission. The Charter requires all appointees of boards and commissions to be residents of the City of Reading. At the discretion of Council, persons not residing in the City may be appointed if they have a significant property holding or business interest in the City. As per the PA Authorities Act, those appointed to Authorities shall be taxpayers, business owners of the municipality or residents.

Name: _____

Address: _____

Years living at this address: _____

Date of Birth: _____

Occupation: _____

Place of Employment & Address: _____

Telephone: Day _____ Evening _____

E-mail: _____

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. What Board, Authority or Commission are you interested in serving on? Why?

2. In your opinion, what is the primary purpose of this board?

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

4. Have you had any previous experience with this particular board? If yes, please describe.

5. Have you served in any other volunteer roles in the community? (e.g. youth organizations, church, etc.) Please list.

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

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

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

9. Have you ever been convicted of a felony? Yes ____ No ____

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

11. 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.

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. I consent to and authorize, without reservation, the City of Reading to obtain information relating to my law enforcement record, convictions for other than Summary Offenses, my tax payment record (including all applicable taxes payable to the City of Reading), and my utility payment records. Convictions or tax delinquencies will not automatically disqualify the applicant. I authorize each applicable agency to which this form is presented to release any results, upon request of the City of Reading, as described above. Copies of this consent that show my signature are as valid as the original signed by me. This consent is valid until the termination of my application process or my affiliation with the City of Reading, whichever is later.

I hereby irrevocably release and discharge each agency to which this form is presented and such agency's representatives and agents from any and all liability of any nature whatsoever in any way arising from or relating to disclosure of information of any nature about me and I further agree to indemnify and hold harmless each such agency from any and all loss, cost, damage, expense, or liability of any nature (including, but not limited to, attorney fees and criminal penalties) incurred by such agency or its representatives and agents in association with, or as a result of disclosure of information about, me. I further agree each agency to which this form is presented and such agency's representatives and agents are third-party beneficiaries with direct standing to enforce the release and indemnification provisions set forth herein.

Printed Name

Signature

Date

INSTRUCTIONS:

Please complete the application form and return to

**City Clerk's Office
815 Washington Street
Office 2-24
Reading, PA 19601
Fax – 610-655-6697
Email – Council@readingpa.gov**