

**SOUTH PYMATUNING TOWNSHIP**  
**MERCER COUNTY, PENNSYLVANIA**  
3483 TAMARACK DRIVE, SHARPSVILLE, PA 16150 (724-962-7856)

The information contained on this form is for the use of the Board of Supervisors to consider volunteers to fill vacancies on Township Authorities, Boards and Commissions.

---

---

What appointment do you desire to apply for? (More than one may be listed):

Applicant's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

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

Number of years as a Township resident: \_\_\_\_\_

---

---

*Please answer the following (use additional sheets if necessary):*

Statement of Interest: Please write a brief statement of why you are interested in serving as a supervisor.

---

---

---

---

Please answer the following questions:

- Are you related to any employee or appointee of the Township? Yes \_\_\_ No \_\_\_  
(If yes, please indicate name and relationship.)
- Are you aware that filing a financial disclosure statement maybe required annually? (e.g., sources of income, loans and gifts, investments, interests in real property.) Yes \_\_\_ No \_\_\_
- Pennsylvania law prohibits elected officials and most appointees from voting on matters in which they may have direct or indirect financial interest. Are you aware of any potential conflicts of interest that may develop from your occupation or financial holdings in relation to your responsibilities as a volunteer to which you seek appointment?(If yes, please indicate any potential conflicts.) No \_\_\_ Yes \_\_\_
- Have there been, or are there now, any personal or business circumstances that might reflect adversely on the propriety of your serving as a community volunteer to which you might be appointed? (If yes, please describe the circumstances.) Yes \_\_\_ No: \_\_\_

---

---

References: Please list the name, address and telephone number of three persons who can provide a reference:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

---

I hereby certify that the foregoing information is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

You are invited to attach additional pages, enclose a copy of your resume, or submit supplemental information that you feel may assist the Board of Supervisors in its evaluation of your application.

MAIL ORIGINAL OR DELIVER TO: Township Supervisors  
Tamarack Drive  
Sharpsville, PA16150