

**Return to:**  
Board of Supervisors  
425 Prince Street  
Harrisburg, Pa. 17109  
(717) 657-5600

# LOWER PAXTON TOWNSHIP

## APPLICATION FOR APPOINTMENT

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Harrisburg, PA** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Resident of Lower Paxton Township since :** \_\_\_\_\_

**I request appointment to the Lower Paxton Township** \_\_\_\_\_  
(You may list more than one municipal body.)

**Current Employer :** \_\_\_\_\_ **Job Title :** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Hours of Work :** \_\_\_\_\_ **FAX Number** \_\_\_\_\_  
(include evenings)

**Educational Background:**

**High School:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**If appointed, how much time can you devote to the municipal body:**

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

**Please use a separate piece of paper or the reverse side of this form (page 2) to state your reasons for requesting appointment to the above municipal body(ies). Attach a brief professional resume. Answer all questions on pages 3 and 4 of this application.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In signing, I do solemnly swear (or affirm) that this application contains no misrepresentation, falsification, or omission, and that the information given by me is true and complete to the best of my knowledge and belief. Furthermore, I do solemnly swear (or affirm) that I will support, obey, and defend the Constitution of the United States and the Constitution of the Commonwealth of Pennsylvania, and that I will discharge the duties of my office with fidelity.



Please answer all of the following questions. Should additional space be required, use the reverse side of this form.

1. On what date would you first be available for service? \_\_\_\_\_

2. Are you now or have you ever been, knowingly, a member of any organization, association, group, or movement which advocates, or has advocated, the commission of acts of force or violence, the denial of persons their rights under the Constitution of the United States, or the alteration of the form of government of the United States by unconstitutional means?  
\_\_\_\_\_ - Yes (If YES, please state particulars.) \_\_\_\_\_ - No

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3. Are you current in the payment of Real Estate Tax, Earned Income Taxes, and municipal sewage bill?  
\_\_\_\_\_ - Yes \_\_\_\_\_ - No (If NO, please state particulars.)

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4. Do you own any property in Lower Paxton Township, or have an interest in a partnership, corporation, or other entity which owns property, where that property is presently subject to a tax lien or sewer lien?  
\_\_\_\_\_ - Yes (If YES, please state particulars.) \_\_\_\_\_ - No

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5. Do you possess any professional or personal involvement in an activity or organization which may present a conflict of interest, or the appearance of a conflict of interest, in any service to Lower Paxton Township in an appointed capacity?  
\_\_\_\_\_ - Yes (If YES, please state particulars.) \_\_\_\_\_ - No

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6. Have you ever been convicted of a felony? \_\_\_\_\_ - Yes \_\_\_\_\_ - No

7. Have you ever been subject to a finding of a child abuse? \_\_\_\_\_ - Yes \_\_\_\_\_ - No

8. Have you ever been subject to a finding of sexual harassment? \_\_\_\_\_ - Yes \_\_\_\_\_ - No

9. Lower Paxton Township adheres to the tenets of the Drug Free Workplace Act, and has zero tolerance for the use of unlawful drugs in the workplace. Are you willing to support the provisions of this Act?  
\_\_\_\_\_ - Yes \_\_\_\_\_ - No

10. The Lower Paxton Township municipal building is a "smoke free" building. Cigarette smoking is not permitted within these two facilities. Are you willing to abide by this restriction?

\_\_\_\_\_ - Yes                      \_\_\_\_\_ - No

11. Are you an active member of any nonprofit, civic, charitable, or community based organizations?

\_\_\_\_\_ - Yes (If YES, please state particulars.)                      \_\_\_\_\_ - No

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12. Are you registered to vote?

\_\_\_\_\_ - Yes                      \_\_\_\_\_ - No

13. The Board of Supervisors desires to appoint individuals who will be active participants on municipal boards and commissions, including regular attendance at scheduled meetings. Are you willing to be an active board member and attend scheduled meetings?

\_\_\_\_\_ - Yes                      \_\_\_\_\_ - No

14. What special skills do you possess, including hobbies and leisure activities, that may enhance your Township service?

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