



Please list three references to your skills, qualifications, or experience:

1	_____ (____)	_____	_____
	Name	Relationship	Phone
	_____	_____	_____
	Street address	City	State Zip
2	_____ (____)	_____	_____
	Name	Relationship	Phone
	_____	_____	_____
	Street address	City	State Zip
3	_____ (____)	_____	_____
	Name	Relationship	Phone
	_____	_____	_____
	Street address	City	State Zip

I understand that if appointed I am representing the City of Johnstown and will adhere to all applicable local, state, and federal laws.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I affirm that all information presented within this application is true and accurate to the best of my personal knowledge and belief.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information, please visit [johnstownpa.gov/boards-and-commissions](http://johnstownpa.gov/boards-and-commissions) or contact the City Manager's Office at 814-539-2504 extension 102.

Return completed application in person or via mail to the City Manager's Office at:

City of Johnstown  
Attn: City Manager  
401 Main Street  
Johnstown, PA 15901

Or email to Executive Assistant Sara Williams at: [swilliams@cojtw.com](mailto:swilliams@cojtw.com)

**Office Use Only**      Date Recieved \_\_\_\_/\_\_\_\_/\_\_\_\_