

**PATTON TOWNSHIP**  
**CENTRE COUNTY, PENNSYLVANIA**  
100 PATTON PLAZA, STATE COLLEGE, PA 16803 (814) 234-0271

BIOGRAPHICAL DATA FOR TOWNSHIP TALENT BANK  
*(Please type or print and fill)*

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 (ABCs).

Biographical forms may be submitted at any time during the year. They will be maintained in the Talent Bank for four years. If you have not been appointed to an ABC during the four years, you will be contacted to reapply to remain in the Talent Bank.

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ABC(s) to which appointment is desired (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: \_\_\_\_\_ Centre Region resident: \_\_\_\_\_

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

Community Service: List boards, commissions, committees and organizations on which you are currently serving or have served in the past, offices held and in what community.

Education: Include professional or vocational licenses or certificates.

Statement of Interest: Please write a brief statement of why you are interested in serving on the ABC(s) you noted above.

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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 may be required annually? (e.g., sources of income, loans and gifts, investments, interests in real property.) Yes \_\_\_ No \_\_\_
- Pennsylvania law prohibits members of ABCs from participating in and 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 member of the ABC(s) to which you seek appointment? Yes \_\_\_ No \_\_\_  
(If yes, please indicate any potential conflicts.)
- Have there been, or are there now, any personal or business circumstances that might reflect adversely on the propriety of your serving as a member of any ABC to which you might be appointed? Yes \_\_\_ No \_\_\_  
(If yes, please describe the circumstances.)

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

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

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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.***

WHEN COMPLETED, PLEASE PRINT & MAIL TO:  
Doug Erickson, Township Manager  
100 Patton Plaza  
State College, PA 16803

or EMAIL AS ATTACHMENTS TO:  
patton@twp.patton.pa.us