



CITY OF EPHRATA

APPLICATION FOR COUNCIL VACANCY / CITY POLICY 1020

FULL NAME	
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EPHRATA ADDRESS	
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AGE		YEARS LIVED IN EPHRATA		REGISTERED TO VOTE?	
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PAST ELECTED OFFICES HELD	
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EDUCATION

HIGH SCHOOL	
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COLLEGE	
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POST-GRAD/OTHER	
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RELEVANT OCCUPATIONAL HISTORY

JOB TITLE	EMPLOYER	YEARS	DESCRIPTION

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JOB TITLE	EMPLOYER	YEARS	DESCRIPTION

STATEMENT OF QUALIFICATIONS

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STATEMENT OF GOALS AS AN INCOMING COUNCILMEMBER

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PERSONAL REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP

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