DATE <u>06-SEPT-2015</u>

AUTHORITY, BOARD OR COMMISSION YOU ARE REQUESTING APPOINTMENT TO: HOUSING BOARD OF APPEALS

NAME: EFRAIN AGOSTO JR
HOME ADDRESS: 1519 S 2 ND ST ALLENTOWN PA 18103
BUSINESS ADDRESS: 435 HAMILTON ST RM 425 ALLENTOWN PA 18101
TELEPHONE NO. (RESIDENCE) <u>484-357-3156</u> BUSINESS <u>610-437-7758</u>
EMAIL: EFRAIN.AGOSTO@ALLENTOWNPA.GOV
PRESENTLY EMPLOYED BY: CITY OF ALLENTOWN/ALLENTOWN FIRE DEPARTMENT
JOB TITLE: ASSISTANT CHIEF OF FIRE PREVENTION
EMPLOYMENT (Prior): FIRE MARSHAL
EDUCATION: HIGH SCHOOL GRADUATE: X YES NO
COLLEGE OR UNIVERSITY GRADUATEYES X NO
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DO YOU LIVE IN THE CITY OF ALLENTOWN: X	YESN	O
HAVE YOU EVER BEEN ARRESTED?		
HAVE TOU EVER BEEN ARRESTED:		
NO		
		
IF SO, WHY?		
DO YOU HAVE A SIGNIFICANT "BUSINESS" OR "	PROPERTY" INT	TEREST IN
ALLENTOWN? PLEASE EXPLAIN:		
<u>NO</u>		
_		
5		3
ARE YOU A REGISTERED VOTER:	X YES	NO
WHY ARE YOU INTERESTED IN THIS APPOINTM		
WHAT VALUE YOU WILL BRING TO THE BOARD FO BE INVOLVED IN THE PROCESS OF LISTENIN		
FORWARD TO THIS BOARD AND BE A PART OF O		
WOULD BE ACCEPTABLE.		
DO YOU ANTICIPATE A CONFLICT OF INTEREST	BY SERVING AS	S A MEMBER
OF AN AUTHORITY, BOARD OR COMMISSION: _		XNO
OR NAME OF		
F YES, EXPLAIN:		
ZM LIMIN		
TE VOILABE DEING CONCIDEDED FOR DEADROY	TO VELLE LANGUAGE	E INDICATE
IF YOU ARE BEING CONSIDERED FOR REAPPOIN HOW MANY TERMS YOU HAVE SERVED		
WERE FIRST APPOINTED		

NOTE: This information will be used for making appointments to authorities, boards and commission and in the event you are appointed/reappointed, it may be used as a news release to identify you to the community.

Signature

Date

Please forward this request for appointment, along with a resume to:

David Paulus, Director of Building Standards Room 334, City Hall 435 Hamilton Street Allentown, PA 18101