

LOWER BUCKS COUNTY JOINT MUNICIPAL AUTHORITY
Employment Application- Administration Office Summer Intern

APPLICANT INFORMATION													
Last Name				First				M.I.		Date			
Street Address								Apartment/Unit #					
City				State				ZIP					
Phone				E-mail Address									
Date Available				Driver's License State & Number									
Position Applied for													
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION													
High School				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			

PREVIOUS EMPLOYMENT											
Company						Phone					
Address						Supervisor					
Job Title				Starting Salary \$				Ending Salary \$			
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company						Phone					
Address						Supervisor					
Job Title				Starting Salary \$				Ending Salary \$			

Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

SKILLS & QUALIFICATIONS: PLEASE LIST ANY SPECIAL SKILLS, TRAINING OR CERTIFICATIONS

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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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