

LOWER BUCKS COUNTY JOINT MUNICIPAL AUTHORITY

Employment Application Laboratory Quality Control Analyst II

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
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 _____