

LOWER BUCKS COUNTY JOINT MUNICIPAL AUTHORITY
Employment Application

APPLICANT INFORMATION													
Last Name			First			M.I.		Date					
Street Address					Apartment/Unit #								
City			State			ZIP							
Phone			E-mail Address										
Date Available			Driver's License Number & State										
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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