

**LOWER BUCKS COUNTY JOINT MUNICIPAL AUTHORITY**  
**Employment Application- Floating Customer Representative**

<b>APPLICANT INFORMATION</b>													
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						
<b>EDUCATION</b>													
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						

<b>PREVIOUS EMPLOYMENT</b>										
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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