BUCKINGHAM TOWNSHIP

SUMMER INTERNSHIP APPLICATION

215-794-8834
4613 Hughesian Drive
Buckingham, PA 118912

Please Include a Cover Letter and Resume with your Application. Then email: Contact@buckinghampa.org

CONTACT INFORMATION

Full Name _____

Date of Birth ____ /____ /____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Please complete the following information:

Do you have permission to work in the US	Are you willing to submit a background check if selected for employment?	What date are you available to start?
☐ YES ☐ NO	☐ YES ☐ NO	__/__/__

STATEMENT OF INTEREST

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Applicant Signature **Application Date**

_____ ____ /____ /____