



# 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](mailto:Contact@buckinghampa.org)**

### CONTACT INFORMATION

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Please complete the following information:

<p>Do you have permission to work in the US</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>Are you willing to submit a background check if selected for employment?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>What date are you available to start?</p> <p>___ / ___ / ___</p>
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### STATEMENT OF INTEREST

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**Applicant Signature**

**Application Date**

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