

TOWNSHIP OF MIDDLETOWN

Town Hall, One Kings Highway
Middletown, NJ 07748-2594



Settled in 1664
"Proud of Our Rich Heritage"

INTERNSHIP APPLICATION

Thank you for your interest in becoming an intern with Middletown, NJ.

No question on this application is asked for the purpose of limiting or excluding any applicants considered on the basis of race, color, religion, age, sex, marital status, sexual orientation, disability, or national origin.

Section 1: Applicant Contact Information

Applicant Name: _____

Mailing Address: _____ City: _____

Cell Phone: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone: _____

What is the best way to contact you? Phone Mail Email

Section 2: Applicant's School Information

Current School

Check one: High School Undergraduate Graduate Student

Expected Year of Graduation: _____

Major: _____ Minor: _____
(if applicable) _____

School Internship Program Contact: _____

School Contact's Phone Number: _____

Section 3: Internship Information

Semester for which you are applying: Fall Spring Summer
Are you responding to a specific internship posting? If so, please specify: _____

In each of the spaces below, please indicate the times you would be available:

Monday Tuesday Wednesday Thursday Friday

					Total hours per week:
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Areas of interest: (Please enter numbers in order of preference for all areas of interest)

- _____ Administration/Human Resources
- _____ Building/Zoning
- _____ Communications
- _____ Court
- _____ Finance
- _____ Municipal Clerk's Office
- _____ Public Health
- _____ Public Works & Engineering
- _____ Recreation
- _____ Other (please describe):

Please answer the following questions:

1. Why are you interested in an internship with Middletown Township?

2. What experience do you have that may be beneficial to the Township?

3. What are your goals and expectations from this internship?

Section 4: Applicant's Intern, Volunteer or Employment History

Name of Organization or Employer: _____	
Address: _____	Phone Number: _____
Dates of Involvement: (from) _____	(to) _____
Supervisor Name: _____	Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties: _____	

Name of Organization or Employer: _____	
Address: _____	Phone Number: _____
Dates of Involvement: _____ (from) _____ (to)	
Supervisor Name: _____	Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties: _____	

Name of Organization or Employer: _____	
Address: _____	Phone Number: _____
Dates of Involvement: _____ (from) _____ (to)	
Supervisor Name: _____	Job Title: _____
Duties: _____	

Name of Organization or Employer: _____	
Address: _____	Phone Number: _____
Dates of Involvement: _____ (from) _____ (to)	
Supervisor Name: _____	Job Title: _____
Duties: _____	

References: Please list three people other than relatives who would be willing to serve as personal references who have known you for at least one year.	
1. Name: _____	Phone: _____
Email: _____	
2. Name: _____	Phone: _____
Email: _____	
3. Name: _____	Phone: _____
Email: _____	

Section 5: Agreement

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize the Township of Middletown to make such inquiries into my background as may be necessary for an internship placement. In connection with my activities as an intern, I agree to hold confidential all information to which I may have access. Disclosure of such information to unauthorized persons is prohibited and may result in my dismissal from the internship program and may have additional legal consequences.

I am aware that the Township of Middletown does not provide insurance coverage for interns if personally injured or if damage occurs to personal property while acting as an intern. I further understand that I will not receive pay for interning and am not entitled to worker's compensation benefits, health insurance benefits, or any other benefits available to employees of Middletown Township. I agree that I will not hold Middletown Township, its officers, or employees thereof liable for any injury sustained to person or property during the internship.

Printed Name of Intern

Date

Signature of Intern

Date

Printed Name of Parent/Legal Guardian (if under age 18)

Date

Signature of Parent/Legal Guardian (if under age 18)

Date