



CITY OF EAST ORANGE
2019 SUMMER YOUTH COLLEGE INTERN PROGRAM

Mayor's Office of Employment & Training
 90 Halsted Street, 2nd Floor
 East Orange, New Jersey 07018

Phone: (973) 677-8914 Fax: (973) 766-1421 Email: Youth-2000@eastorange-nj.gov

PERSONAL INFORMATION:

REFERRED BY: Click here to enter text. **DATE:** Click here to enter text.
NAME: Click here to enter text. **PHONE:** Click here to enter text.
ADDRESS: Click here to enter text. **APT#:** Click here to enter text.
CITY: Click here to enter text. **STATE:** Click here to enter text. **ZIP CODE:** Click here to enter text.
EMAIL: Click here to enter text. **DATE OF BIRTH:** Click here to enter text.
DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO **A VEHICLE?** YES NO

EDUCATIONAL BACKGROUND:

COLLEGE/UNIVERSITY: Click here to enter text.
LOCATION: Click here to enter text.
ARE YOU CURRENTLY ENROLLED IN SCHOOL? YES NO
 FRESHMAN SOPHMORE JUNIOR SENIOR GRADUATE PROGRAM
MAJORS/MINORS: Click here to enter text.

PERSONAL BACKGROUND INFORMATION:

ARE YOU RELATED TO OR DO YOU KNOW ANYONE CURRENTLY EMPLOYED WITH THE CITY OF EAST ORANGE? YES NO **IF SO WHO?** Click here to enter text.
DO YOU HAVE ANY SPECIAL NEEDS? YES NO **IF YES, EXPLAIN :** Click here to enter text.
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO
*** In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.***
ARE YOU WILLING TO UNDERGO A PHYSICAL, DRUG SCREENING AND BACKGROUND CHECK?
 YES NO
ARE YOU ABLE TO COMMIT 30-40 HOURS A WEEK DURING OFFICE HOURS (M-F 8:30AM - 4:30PM)?
 YES NO

INTERESTS:

WHICH FIELDS WOULD YOU BE INTERESTED IN? (Check all that apply)

- | | | | | |
|-------------------------------------|------------------------------------|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Fine Art | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Business | <input type="checkbox"/> Health/Medical |
| <input type="checkbox"/> Management | <input type="checkbox"/> Economics | <input type="checkbox"/> Education | <input type="checkbox"/> Computer Science | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Government | <input type="checkbox"/> Finance | <input type="checkbox"/> Environmental | <input type="checkbox"/> History | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Film/TV | <input type="checkbox"/> Law | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Physics | <input type="checkbox"/> Other _____ |
-

WORK HISTORY:

MOST RECENT EMPLOYER:

COMPANY NAME: Click here to enter text.

LOCATION: Click here to enter text.

TITLE/POSITION: Click here to enter text.

RATE OF PAY: Click here to enter text.

DATES OF EMPLOYMENT: Click here to enter text.

JOB RESPONSIBILITIES/DUTIES: Click here to enter text.

REASON FOR LEAVING: Click here to enter text.

SUPERVISOR: Click here to enter text.

PHONE NUMBER: Click here to enter text.

PAST INTERNSHIP:

COMPANY NAME: Click here to enter text.

LOCATION: Click here to enter text.

TITLE OF INTERNSHIP: Click here to enter text.

DATES: Click here to enter text.

WAS THE INTERNSHIP? **NON PAID** *or* **PAID - SALARY:** Click here to enter text.

JOB RESPONSIBILITIES/DUTIES: Click here to enter text.

SUPERVISOR: Click here to enter text.

PHONE NUMBER: Click here to enter text.

I certify that all of the above information is correct and accurate to the best of my knowledge. I understand that I must also submit an up to date resume, cover letter, transcript and letter of recommendation to be considered for this internship. I understand that completing this application does not guarantee employment.

SIGNATURE: Click here to enter text.

DATE: Click here to enter text.