



CITY OF EAST ORANGE

2017 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: (862) 520-3060 Email: Youth-2000@eastorange-nj.gov

PURPOSE

The City of East Orange Summer College Internship Program is a unique opportunity available to East Orange's college students currently enrolled in colleges and universities. This paid internship allows the applicant to get hands on experience of local government, public and private sector careers. Our goal is to provide the students with the opportunity to explore career options in various businesses and industries. The practical experience a student gains at the worksite is expected to complement the theoretical knowledge he/she gains in a college classroom. The student is expected to both learn from and contribute to the employment opportunity.

ELIGIBILITY

Applicants are eligible for the College Summer Internship Program if they meet all of the following criteria:

- Currently enrolled in a college, university, vocational-technical school, pursuing a bachelor's or master's degree
- Maintain a 2.5 grade point average
- Be able and willing to work at least 30- 40 hours/week, Monday-Friday, 8:30 A.M. through 4:30 P.M. **for six (6) weeks (July 10-August 18, 2017)**
- You must be **legally authorized** to work permanently in the U.S.
- You **must not** have any criminal legal action pending against you
- You must have a professional demeanor, excellent communication skills, and be reliable

APPLICATION AND INTERVIEW PROCEDURES

An interested applicant must complete the College Summer Internship Program Application. Applications are available for pick up at the Mayor's Office of Employment and Training at 90 Halsted Street 2nd floor, East Orange, NJ 07018.

In addition to a completed application, applicants must submit:

- Current Transcript
- Resume
- Cover letter describing interest in pursuing an internship through the City of East Orange College Summer Internship Program
- Letter of Recommendation (Educational or Professional)

Applications are due no later than 4:30 pm on **Friday April 21, 2017**. Please submit in person, via mail (postmarked by the due date), or email to youth-2000@eastorange-nj.gov. Incomplete applications **will not** be considered. Potential applicants will be called in for an interview.

PLACEMENT PROCEDURES AND ORIENTATION

Candidates will be notified of their acceptance at least two weeks prior to the start of employment. All interns must undergo a **MANDATORY** orientation to review the Policies and Procedures of the program prior to their first day of work.

For More Information please contact the Mayor's Office of Employment and Training at (973) 677-8914.



CITY OF EAST ORANGE
2017 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) 673-4529 Email: Youth-2000@eastorange-nj.gov

PERSONAL INFORMATION:

REFERRED BY:	<input type="text"/>	DATE:	<input type="text"/>
NAME:	<input type="text"/>	PHONE:	<input type="text"/>
ADDRESS:	<input type="text"/>	APT#:	<input type="text"/>
CITY:	<input type="text"/>	STATE:	<input type="text"/>
EMAIL:	<input type="text"/>	ZIP CODE:	<input type="text"/>
		DATE OF BIRTH:	<input type="text"/>

DO YOU HAVE A VALID DRIVER'S LICENSE? ___ YES ___ NO **A VEHICLE?** ___ YES ___ NO

EDUCATIONAL BACKGROUND:

COLLEGE/UNIVERSITY:

LOCATION:

ARE YOU CURRENTLY ENROLLED IN SCHOOL? ___ YES ___ NO

___ FRESHMAN ___ SOPHMORE ___ JUNIOR ___ SENIOR ___ GRADUATE PROGRAM

MAJORS/MINORS:

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?** _____

DO YOU HAVE ANY SPECIAL NEEDS? ___ YES ___ NO **IF YES, EXPLAIN :** _____

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: **LOCATION:**

TITLE/POSITION: **RATE OF PAY:**

DATES OF EMPLOYMENT:

JOB RESPONSIBILITIES/DUTIES:

REASON FOR LEAVING:

SUPERVISOR: **PHONE NUMBER:**

PAST INTERNSHIP:

COMPANY NAME: **LOCATION:**

TITLE OF INTERNSHIP: **DATES:**

WAS THE INTERNSHIP? **NON PAID** *or* **PAID - SALARY:**

JOB RESPONSIBILITIES/DUTIES:

SUPERVISOR: **PHONE NUMBER:**

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: **DATE:**