

# 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

<b>Applicant Name:</b> _____			
Mailing Address: _____		City: _____	
Cell Phone: _____	State: _____	Zip Code: _____	
Email Address: _____		Home Phone: _____	
What is the best way to contact you?	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> Email

### Section 2: Applicant's School Information

<b>Current School</b> _____	
Check one:	<input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> 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: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> 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:					
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	
					Total hours per week:

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
- \_\_\_\_\_ Senior & Youth Programs/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?

\_\_\_\_\_

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**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?  Yes  No

Duties:  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Organization or Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Involvement: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Paid?  Yes  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.

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