



Application for Internship

Thank you for your interest in an internship with the Township of Livingston.
A complete application consists of this form, a formal letter of interest and your resume. Please mail the complete application to the Department of Human Resources or email Kathy Boffa, Human Resources Director at kboffa@livingstonnj.org.

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? <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email			

Section 2: Applicant's School Information

Name of School _____	
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					
Monday	Tuesday	Wednesday	Thursday	Friday	Total hours per week:

Areas of interest: (Please enter numbers in order of preference for all areas of interest)

- _____ Building/Zoning
- _____ Engineering
- _____ Financial Administration
- _____ Human Resources Management
- _____ Public Administration
- _____ Public Health
- _____ Senior & Youth Programs
- _____ Other (please describe):

Please answer the following questions:

1. Why are you interested in an internship with the Township of Livingston?

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

3. What do you want to learn from your experience with the Township?

Section 4: Applicant's Intern, Volunteer and 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:

Name of Organization or Employer: _____

Address: _____ Phone Number: _____

Dates of involvement: (from) _____ (to) _____

Supervisor Name: _____ Job Title: _____

Duties:

Section 5: Agreement

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize Township of Livingston to make such inquiries into my background as may be necessary for 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 Township of Livingston 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 Township of Livingston. I agree that I will not hold Township of Livingston, its officers or employees thereof liable for any injury sustained to person or property during the intership.

Signature of Volunteer

Date

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

Date