



SALEM COUNTY

Department of Administrative Services
Division of Human Resources & Organizational Development
www.salemcountynj.gov

APPLICATION FOR INTERNSHIP

Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in consideration of your application.

PLEASE PRINT ALL INFORMATION

I. PERSONAL INFORMATION

Date: _____

Full Name: _____
Last First Middle

Present Mailing Address City State Zip Code County

Home Address (If Different) City State Zip Code County

E-mail Address: _____ Home Phone: _____

Work Phone: _____

Have you ever interned with the County of Salem? Yes No

If yes, when: _____ Title: _____
From To

II. EDUCATION

Years in College: 1 2 3 4 5 6

What School are you attending? _____

What is your course of study? Major _____

Minor _____

Date and time available for internship: _____

Is your internship for credit or experience? _____

If credit, how many hours? _____

III. SPECIAL SKILLS

Department(s) you are interested in interning for: _____

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work with the County of Salem? Yes No

If so, explain in detail:

Do you speak, write or understand any foreign language(s)?* Yes No

If yes, which language (s)? _____

IV. APPLICANT'S STATEMENT

I certify that the answers provided in this application are true and complete to the best of my knowledge. I understand that the discovery of any misrepresentation or omission of fact in this application will result in the rejection of my application, or in the event of employment, provide cause for termination of employment.

Signature of Applicant: _____ Date: _____