UNPAID INTERNSHIP APPLICATION

The County of Monmouth is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, national origin, nationality, ancestry, age, sex, or any other protected classification.

Mail, email or fax this Unpaid Internship Application and Addendum to: Monmouth County Human Resources Department Hall of Records, 1 East Main Street, Freehold, NJ 07728

Monmouth County Website



www.visitmonmouth.com Phone: 732-431-7300

E-mai	I: MC.HumanResou	urces@co.monm	nouth.nj.us	3				Fax: 732	2-431-7924		
Appl	licant Informat	tion									
Name	ı:					H	Home Pho	one:			
	Last Name, First N	lame and Middle Initia									
Addre	Permanent residence/Number & Street/Apt. # (P.O. Box not acceptable)						Cell Phone:				
	r eimanent resider										
	City	Co	unty	State	Zip Cod		Nork Pho	ne:			
						E	E-mail:				
If your	present address abo	ve is less than five	e (5) years,	, provide you	ır forme	er addre	ess below	<i>I</i> .			
Forme	er Address:										
	Permar	nent residence/Numbe	r & Street/Apt	# (P.O. Box no	ot accept	able)					
	City			County		5	State Zip	Code			
Inter	nship Informa	tion									
	•					Reque	ested Sta	rt Date:			
Educa	ational Institution:										
List the	e hours for each weel	kday that you are	available fo	or the interns	ship:						
Mond	lay	Tuesday	/		Wed	dnesda	у				
Thurs	sday	Friday			Sati	urday					
Sunda	ay										
Gene	eral Informatio	n									
1. A	re you at least 18 years	s of age?	Yes	No							
2. H	lave you ever worked fo	or the County of Mo	nmouth?	Yes	N	0					
	•	,				If yes	s, provide [Department	Date(s)		
3. H	lave you ever interned t	for the County of Mo	onmouth?	Yes	N		s provide [Department	Date(s)		
4. H	lave you ever applied to	o the County of Mor	mouth befor	re?	⁄es	•	o, provido E	·	Dato(0)		
	iavo you over applied to	are County or mer			. 00	, 10	Date(s)				
5. H	lave you ever been disc	charged or asked to	resign from	any employm	ent?	Y	es l	No			
If	yes, provide an explanation	on									
6. H	lave you ever used any	other name(s) diffe	rent from na	ıme listed abo	ve?	Yes	No				
								If yes, provide name(s).		
7. A	are you related to anyon	e currently working	for the Cour	nty of Monmo	uth?	Yes	No	If yes, provide name(s)		
8. H	low were you referred to	o the County? (Che	ck all that ap	oply)							
	Educational Institution	on	Advertisem				Oth	er:			
				Specif	fy						

Employee(s):

High School GED Business/Technical or Vocational Undergraduate Coilege Graduate Coilege Graduate Coilege Fostgraduate Word Processing Transcribing Word Processing Spreadsheet Database Web Design Other Explain experience &/or software name References Provide the names of three people (not relatives) that have known you for at least three years, who can attest to your character, job skills, knowledge, and abilities. 1. Name: Ethali Ethal	Seneral Inform	ation						
ranscript with specific courses identified. Name State Major and # of Credits Degree Completed (e.g. Business) (e.g. B.S.) Minor and # of Credits Completed (e.g. Business) (e.g. B.S.) Completed (e.g. Accounting) Yes N SED Susiness/Technical or Accounting Accounting Accounting Accounting Accounting Accounting Accounting Accounting Bookkeeping Transcribing Word Processing Spreadsheet Database Web Design Other Explain experience &/or software name Explain experience &/or software nam					ements stated in the inte	rnship d	escriptio	n for
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City

City

E-mail

Address:

Address:

3. Name:

Street

Street

Zip Code

Zip Code

Telephone

State

State

1.				May we contact you	r pres	sent employer?	Yes	No
	Employer	Supervisor	Name & Title	Telephone		E-mail		
	Address (number & street)			City		State		Zip Code
	Title		Employed From:	Manda Man	То	Married D/a arr		December
	Full-Time	Part-Time		Month/Year		Month/Year		Present
Job	Duties:		# of hours/week	_				
Rea	ason for leaving current or pre	vious employer:						
2.								
	Employer	Supervisor	Name & Title	Telephone		E-mail		
	Address (number & street)			City		State		Zip Code
	Title		Employed From:	Month/Year	То	Month/Year		Present
	Full-Time	Part-Time		Month, real		Month, real		i ieseit
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Job		Part-Time		Month/Year		Month/Year		riesent
Job	Full-Time	Part-Time		Month/Year		Month/Year		riesent
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Applicant Name:

ADDENDUM A RELEASE OF INFORMATION AUTHORIZATION

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Mail, email or fax this Unpaid Internship Application and Addendum to: Monmouth County Human Resources Department Hall of Records, 1 East Main Street, Freehold, NJ 07728 E-mail: MC.HumanResources@co.monmouth.nj.us

www.visitmonmouth.com Phone: 732-431-7300 Fax: 732-431-7924

Applicant Information

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Name:						Home Phor	ne:		
	Last Nar	ne, First Name, and Middle I	Initial			_			
Address:	-					Cell Phone	: <u> </u>		
	Permane	ent residence/Number & Stre	eet/Apt. # (P.O. Box no	t acceptabl	e)				
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hereby re abilities a	elease the	e subjects covered by County of Monmouth, of or in any way relate (Print Legibly):	, former employers	s, and all	other perso		and all	claims, demands o	r
пррпсан	S Name ((i filit Legibly).							
Have you	ı used an	y other name(s) differe	ent from the name	listed ab	ove?	Yes	No		
If yes, prov	vide name	e(s).							
Signature)							Date	_
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