

# 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  
E-mail: [MC.HumanResources@co.monmouth.nj.us](mailto:MC.HumanResources@co.monmouth.nj.us)

[www.visitmonmouth.com](http://www.visitmonmouth.com)  
Phone: 732-431-7300  
Fax: 732-431-7924

## Applicant Information

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
Last Name, First Name and Middle Initial

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
Permanent residence/Number & Street/Apt. # (P.O. Box not acceptable)

\_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
City County State Zip Code

**E-mail:** \_\_\_\_\_

If your present address above is less than five (5) years, provide your former address below.

**Former Address:** \_\_\_\_\_  
Permanent residence/Number & Street/Apt. # (P.O. Box not acceptable)

\_\_\_\_\_ **City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code**

## Internship Information

Type of Internship: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_  
Educational Institution: \_\_\_\_\_

List the hours for each weekday that you are available for the internship:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

## General Information

- Are you at least 18 years of age? Yes No
- Have you ever worked for the County of Monmouth? Yes No \_\_\_\_\_  
If yes, provide Department \_\_\_\_\_ Date(s) \_\_\_\_\_
- Have you ever interned for the County of Monmouth? Yes No \_\_\_\_\_  
If yes, provide Department \_\_\_\_\_ Date(s) \_\_\_\_\_
- Have you ever applied to the County of Monmouth before? Yes No \_\_\_\_\_  
Date(s) \_\_\_\_\_
- Have you ever been discharged or asked to resign from any employment? Yes No  
If yes, provide an explanation \_\_\_\_\_
- Have you ever used any other name(s) different from name listed above? Yes No \_\_\_\_\_  
If yes, provide name(s). \_\_\_\_\_
- Are you related to anyone currently working for the County of Monmouth? Yes No \_\_\_\_\_  
If yes, provide name(s) \_\_\_\_\_
- How were you referred to the County? (Check all that apply)  
Educational Institution \_\_\_\_\_ Advertisement: \_\_\_\_\_ Other: \_\_\_\_\_  
Specify \_\_\_\_\_  
Monmouth County Website \_\_\_\_\_ Employee(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

## General Information

You are only required to answer questions on this page relevant to the requirements stated in the internship description for which you are applying. If a question is not applicable, you may write N/A.

**EDUCATION** – Proof of specific education requirements must be submitted with the application: e.g., copy of degree, transcript with specific courses identified.

Name	State	Major and # of Credits Completed (e.g. Business)		Degree (e.g. B.S.)	Minor and # of Credits Completed (e.g. Accounting)		Graduated	
							Yes	No
High School								
GED								
Business/Technical or Vocational								
Undergraduate College								
Graduate College								
Postgraduate								

## KNOWLEDGE AND ABILITIES (check all that apply and provide additional information)

Typing

\_\_\_\_\_ Words per minute

Accounting/Bookkeeping

\_\_\_\_\_ Explain experience &/or software name

Transcribing

\_\_\_\_\_ Explain experience &/or software name

Word Processing

\_\_\_\_\_ Explain experience &/or software name

Spreadsheet

\_\_\_\_\_ Explain experience &/or software name

Database

\_\_\_\_\_ Explain experience &/or software name

Web Design

\_\_\_\_\_ Explain experience &/or software name

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: \_\_\_\_\_

\_\_\_\_\_ E-mail

\_\_\_\_\_ Telephone

Address: \_\_\_\_\_

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

2. Name: \_\_\_\_\_

\_\_\_\_\_ E-mail

\_\_\_\_\_ Telephone

Address: \_\_\_\_\_

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

3. Name: \_\_\_\_\_

\_\_\_\_\_ E-mail

\_\_\_\_\_ Telephone

Address: \_\_\_\_\_

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Applicant Name: \_\_\_\_\_

## Employment Experience

Starting with your present or most recent employer, list all full-time and part-time employment history for your previous three positions. Any misstatement, falsification or omission shall be grounds for refusal to be selected for an internship, or if selected, immediate discontinuation of internship.

May we contact your present employer? Yes No

1. \_\_\_\_\_

Employer	Supervisor Name & Title	Telephone	E-mail	
Address (number & street)		City	State	Zip Code
Title		Employed From: _____	To _____	Present
Full-Time	Part-Time	_____ # of hours/week		

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

Reason for leaving current or previous employer: \_\_\_\_\_

2. \_\_\_\_\_

Employer	Supervisor Name & Title	Telephone	E-mail	
Address (number & street)		City	State	Zip Code
Title		Employed From: _____	To _____	Present
Full-Time	Part-Time	_____ # of hours/week		

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

Reason for leaving current or previous employer: \_\_\_\_\_

3. \_\_\_\_\_

Employer	Supervisor Name & Title	Telephone	E-mail	
Address (number & street)		City	State	Zip Code
Title		Employed From: _____	To _____	Present
Full-Time	Part-Time	_____ # of hours/week		

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

Reason for leaving current or previous employer: \_\_\_\_\_

## Drug & Alcohol Policy

The County of Monmouth is a Drug-Free Workplace and is guided by the County of Monmouth Substance Abuse Policy.

## Understanding and Acceptance

I certify that all the information provided by me in connection with my application is true and complete. I understand that any misstatement, falsification, or omission of information shall be grounds for disqualification for an internship position or if offered an internship position, discontinuation of internship. I authorize the County of Monmouth to contact any of the persons or organizations referenced in this application. I authorize the references to give the County of Monmouth all information concerning my previous employment, education, or any other pertinent information they might have with regard to any of the subjects covered by this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# ADDENDUM A RELEASE OF INFORMATION AUTHORIZATION



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  
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\_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
City County State Zip Code

**E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Number & Street/ Apt. #

\_\_\_\_\_ **City** **County** **State** **Zip Code**

I, \_\_\_\_\_, authorize the County of Monmouth to contact any of the persons or organizations referenced in the Unpaid Internship Application. I authorize the references to give the County of Monmouth all information concerning my previous employment, education, or any other pertinent information they might have with regard to any of the subjects covered by the Unpaid Internship Application.

I hereby release the County of Monmouth, former employers, and all other persons from any and all claims, demands or liabilities arising out of or in any way related to the examination of my background.

Applicants Name (Print Legibly): \_\_\_\_\_

Have you used any other name(s) different from the name listed above? Yes No

\_\_\_\_\_  
If yes, provide name(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date