



357 S. Livingston Avenue • Livingston, New Jersey 07039-3994  
 Phone 973-992-5000 • Fax 973-535-7967  
 www.livingstonnj.org

## 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 email the completed application to the Department of Human Resources at [employment@livingstonnj.org](mailto:employment@livingstonnj.org).

### 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>Name of 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)

- \_\_\_\_\_ Building/Zoning
- \_\_\_\_\_ Engineering
- \_\_\_\_\_ Financial Administration
- \_\_\_\_\_ Human Resources Management
- \_\_\_\_\_ Public Administration
- \_\_\_\_\_ Public Health
- \_\_\_\_\_ Public Safety (i.e. Police/Fire)
- \_\_\_\_\_ 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?

\_\_\_\_\_

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**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.

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Signature of Volunteer

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Date

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

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Date