

APPLICATION FOR INTERNSHIP

BOROUGH OF MADISON
Hartley Dodge Memorial
50 Kings Road
Madison, NJ 07940
Attn: Personnel Dept.



ADA/EOE

The Borough of Madison considers applicants for all positions without regard to age, race, creed, color, national origin, ancestry, marital or veteran status, gender, affectional or sexual orientation, domestic partnership status, disability, or any other characteristic protected from discrimination by law.

Date of Application:

Applicant Name:

APPLICATION INSTRUCTIONS

- A. Please clearly print or type all information;
- B. **A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.**
Resumes can be submitted with the application, however, all questions on this application must be fully answered. Do not indicate "See Resume" on any part of this application and then leave sections blank. This application requests more information than can be obtained from a resume;
- C. If a question does not apply, please write N/A;
- D. Please indicate the specific departments for which you'd prefer to intern with. If you are not applying for a specific job or department, please provide some indicator of the type of work for which you are looking (ex. administrative, management) and/or the department of interest (ex. Clerk, Public Works);
- E. Do not abbreviate the name of your employers or education. Provide complete addresses and telephone numbers for all employers, references, and educational institutions;
- F. Be sure to sign and date the last page of this application in the Applicant's Statement section;
- G. In order to be considered for a specific posting, all applications must be received by the Personnel Department by the deadline date and time listed in the ad;
- H. Applications via email are accepted by emailing the entire application to HR@rosenet.org by the deadline date and time listed in the ad;

All information obtained will be kept confidential and will be provided to only those persons involved in the screening and hiring processes.

PLEASE NOTE: Due to the large number of applications we receive, only those candidates being considered for an interview will be contacted. Calls will not be returned to confirm receipt of applications.

Applicants – Do not use the space below – For Personnel Department Use Only

Position applied for open? Yes No

Comments: _____

Date Received
(Date stamped by Borough Clerk's office or
Purchasing/Personnel Dept. only)

PERSONAL INFORMATION

NAME: LAST	FIRST	MIDDLE
ADDRESS	STREET	APARTMENT
CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		E-MAIL ADDRESS
		HOME PHONE – Area & Number
		CELL PHONE

HOW DID YOU LEARN ABOUT THIS POSITION?

NEWSPAPER AD; PLEASE LIST PUBLICATION _____
 BOROUGH OF MADISON WEBSITE RELATIVE/FRIEND/ETC. INQUIRY
 EMPLOYMENT AGENCY SOCIAL MEDIA OTHER (please specify) _____

IF YOU ARE UNDER THE AGE OF 18, CAN YOU PROVIDE THE NECESSARY PROOF OF YOUR ELIGIBILITY TO WORK?

YES NO

HAVE YOU EVER:

BEEN EMPLOYED BY, OR
 PREVIOUSLY APPLIED FOR EMPLOYMENT
 WITH THE BOROUGH OF MADISON? IF SO, PLEASE SUPPLY THE FOLLOWING INFORMATION:

MONTH/YEAR APPLIED OR TIME PERIOD WORKED DEPARTMENT WORKED FOR

ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR CURRENT EMPLOYER?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOU ABLE TO PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK IN THE UNITED STATES?
 PROOF OF EMPLOYMENT ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT

YES NO

DATE AVAILABLE TO BEGIN WORK

WHAT IS YOUR AVAILABILITY TO WORK DURING THE INTERNSHIP?

FULL TIME
 PART TIME

DO YOU HAVE ANY DATES THAT YOU WILL NOT BE ABLE TO WORK DURING THE INTERNSHIP PERIOD
 (EXCLUDING WEEKENDS AND HOLIDAYS)

YES NO

IF YES, PLEASE LIST THOSE DATES

EDUCATION & TRAINING

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR PASS THE GED TEST?

YES NO

ADDITIONAL EDUCATION ENTER REQUESTED INFORMATION IN ALL COLUMNS

NAME AND LOCATION OF UNIVERSITIES COLLEGES OR TRADE SCHOOLS ATTENDED	COMPLETION DATES	UNITS COMPLETED		MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	TITLE OF DEGREE/ CERTIFICATE RECEIVED
		SEMESTER	QUARTER			

DESCRIBE ANY SPECIALIZED SKILLS, TRAINING, APPRENTICESHIP(S), AND/OR EXTRACURRICULAR ACTIVITIES THAT YOU HAVE, HAVE PERFORMED OR HAVE BEEN INVOLVED WITH
(you may exclude membership that would indicate any characteristic protected from discrimination by law)

LIST ANY PROFESSIONAL, TRADE, BUSINESSES OR CIVIC ACTIVITIES AND OFFICES YOU HELD
(you may exclude membership that would indicate any characteristic protected from discrimination by law)

ADDITIONAL INFORMATION
Please provide any additional job-related skills, specialized skills, qualifications, experience and/or information you would like to provide that may be helpful to us in considering your application

PLEASE RATE THE TOP FIVE (5) DEPARTMENTS YOU WOULD BE INTERESTED TO INTERN IN WITH ONE (1) BEING YOUR TOP CHOICE

<input type="checkbox"/> BOROUGH ADMINISTRATION	<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> CLERK'S OFFICE
<input type="checkbox"/> BUILDING CONSTRUCTION	<input type="checkbox"/> ELECTRIC DEPARTMENT	<input type="checkbox"/> ENGINEERING
<input type="checkbox"/> FINANCE DEPARTMENT	<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> HEALTH DEPARTMENT
<input type="checkbox"/> JOINT MUNICIPAL COURT	<input type="checkbox"/> MAIN STREET BUSINESS DEVELOPMENT	
<input type="checkbox"/> POLICE DEPARTMENT	<input type="checkbox"/> PUBLIC WORKS DEPARTMENT	
<input type="checkbox"/> RECREATION DEPARTMENT	<input type="checkbox"/> SENIOR SERVICES	<input type="checkbox"/> TECHNOLOGY

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING FOR OR HAVE RECEIVED A COPY OF THE JOB DESCRIPTION.

With or without reasonable accommodation, are you able to perform the essential functions of the job for which you are applying? A review of the essential functions of the job for which you are applying has been given or advised.

YES NO

BUSINESS REFERENCES

- References requested must be business/work references;
- Please do NOT provide relatives, friends and those mentioned elsewhere in this application;
- Please provide three;
- These references will be contacted after an interview, if you are being seriously considered for employment;
- If for some reason you do not have three business/work references, please indicate as such below

NAME			
ADDRESS	STREET	APARTMENT	TELEPHONE NUMBER
CITY	STATE	ZIP CODE	RELATIONSHIP

NAME			
ADDRESS	STREET	APARTMENT	TELEPHONE NUMBER
CITY	STATE	ZIP CODE	RELATIONSHIP

NAME			
ADDRESS	STREET	APARTMENT	TELEPHONE NUMBER
CITY	STATE	ZIP CODE	RELATIONSHIP

EMPLOYMENT HISTORY

Please list all employment, including military service and self-employment. Start with your current or most recent employer. If the HR Department for an employer is located at another site, please also provide that complete location address and telephone number. If the company has closed the location where you worked or if the company has been sold to another company, please provide a location where this employment can be verified. Attach additional pages if needed.

MONTH AND YEAR: FROM TO	NAME OF CURRENT OR LAST EMPLOYER	ADDRESS
	JOB TITLE	
DUTIES PERFORMED		PHONE NUMBER
		SUPERVISOR NAME & TITLE
		REASON FOR LEAVING
		PAID POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO

MONTH AND YEAR: FROM TO	NAME OF CURRENT OR LAST EMPLOYER	ADDRESS
	JOB TITLE	
DUTIES PERFORMED		PHONE NUMBER
		SUPERVISOR NAME & TITLE
		REASON FOR LEAVING
		PAID POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO

MONTH AND YEAR: FROM TO	NAME OF CURRENT OR LAST EMPLOYER	ADDRESS
	JOB TITLE	
DUTIES PERFORMED		PHONE NUMBER
		SUPERVISOR NAME & TITLE
		REASON FOR LEAVING
		PAID POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO

MONTH AND YEAR: FROM TO	NAME OF CURRENT OR LAST EMPLOYER	ADDRESS
	JOB TITLE	
DUTIES PERFORMED		PHONE NUMBER
		SUPERVISOR NAME & TITLE
		REASON FOR LEAVING
		PAID POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO

MONTH AND YEAR: FROM TO	NAME OF CURRENT OR LAST EMPLOYER	ADDRESS
	JOB TITLE	
DUTIES PERFORMED		PHONE NUMBER
		SUPERVISOR NAME & TITLE
		REASON FOR LEAVING
		PAID POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT'S STATEMENT

I certify that all information I have provided in this Employment Application is true and complete. I authorize the Borough of Madison, its representatives, employees or agents to investigate all statements contained in this Employment Application as may be necessary in arriving at an employment decision. I also authorize the Borough of Madison, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby release the Borough of Madison, its representatives, employees or agents from any liability for seeking, gathering and using such information in the employment process; I hereby release all other persons, corporations or organizations from any liability for furnishing such information about me.

I certify that the information provided herein is truthful and I further understand that any information provided by me that is found to be false or misleading in any respect will be sufficient cause to cancel further consideration of this application and/or immediately discharge me from the Borough of Madison's employment, whenever it is discovered.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Borough of Madison is of an 'at will' nature, which means that the Employee can resign at any time and the Borough of Madison may discharge the Employee at any time with or without cause. Additionally, I understand that this Employment Application does not constitute an agreement or contract for employment for any specific period or definite duration. It is also understood that this 'at will' employment relationship may not be changed by any written document, assurances to the contrary or implied oral or written agreements unless it is specifically acknowledged in writing by the Borough Administrator of the Borough of Madison.

This Employment Application will remain active for 90 days.

I understand that if employed by the Borough of Madison I must abide by all of its rules and regulations.

I certify that I have read, understand, and accept all terms of this Application and Statement.

Signature of Applicant

Date

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Remarks: _____

