

# INTERNSHIP PROGRAM APPLICATION FORM

Internships are available to those 16 years of age or older. Student Intern applicants must complete this form AND submit a letter to the Human Resources Division stating your field of study, intended career path, and/or motivation for interning.

**CITY OF MIDDLETOWN**  
**HUMAN RESOURCES DIVISION**  
245 deKoven Drive  
Middletown, CT. 06457  
(860) 638-4940  
[www.MiddletownCT.gov](http://www.MiddletownCT.gov)



**AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

**Please Type or Print in Ink – You must complete all sections of this form. Incomplete applications may be rejected.**

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

Last

First

Middle

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

Street No., Apt.

City

State

Zip

Area Code/Telephone – Home: \_\_\_\_\_ Area Code/Mobile Cell: \_\_\_\_\_

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

Are you 16 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

In addition to being sixteen years of age to qualify for an internship position, you must answer one of the following questions in the affirmative:

Are you presently enrolled as a full-time student at an accredited High school, college or university? (Proof of enrollment must be submitted) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a graduate of an undergraduate or graduate program from A college or university within the past two (2) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a veteran of the United States Armed Forces who has a High school diploma or equivalent; and, has served on active duty, For any length of time, within the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

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## EDUCATION

(Complete all that apply)

	Current Grade	Did You Graduate	Major	Degree
High School: _____	_____	_____	_____	_____
College: _____	_____	_____	_____	_____
Graduate School: _____	_____	_____	_____	_____
Armed Forces/Branch: _____				

## EMPLOYMENT HISTORY (IF APPLICABLE):

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ # of hours worked/week: \_\_\_\_\_  
Month/Year Month/Year

Description of Duties: (include any training, computer use, etc.)— attach additional information, if needed

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I certify, under Middletown Ordinance Section 74-2, which is available upon request, that I have read this application and supporting information and that all information provided is true, correct, complete and not misleading to the best of my knowledge and belief. I understand that the City of Middletown will rely upon this information in considering my application for internship and that if I knowingly make misstatements or omissions of facts I am subject to disqualification, dismissal from the intern program or prosecution for false statement under the Connecticut General Statutes; and, that the City, or its insurance company, or other party by or on behalf of the City will not be responsible for any loss resulting from incorrect or incomplete information in the application or supporting material. I give consent for you to check with all persons and companies cited on the employment application, except my present employer if so noted, and release them from all liability for damage for providing the information.

I have read the above statements and understand them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_