

Town of Kernersville Internship Application

An Equal Opportunity/Drug Free Employer

134 East Mountain Street-P.O. Box 728-Kernersville, North Carolina 27285-0728 (336) 992-0306 www.TOKNC.com

Applications must be completed in ink or typed. Fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Unsigned and incomplete applications may not be considered. Once submitted, application materials become the property of the Town. The Town only accepts originally signed applications. The Town does not accept applications by fax or e-mail.

CUI 1.	RRENT INFORMATION Internship for		Date:
2.	When will you be available for an internship?		
3.	Name:		
4.	Last Address:	First	Middle
5.	Street & NO. or PO Box Telephone: ()	City	State Zip If neither, where can you
6.	Home Email Address:	Business	be reached? ()
7.	Are you 18 or older? YES \Box NO \Box	If NO, what is your birthday? If NO, do you have a work permit?	P Yes NO
	NERAL INFORMATION (Attach additional sheet ou need to explain any answer, use the space under	·	
8.	How did you come to know about our internship	program?	
9.	Why are you interested in interning with the Tow	n of Kernersville?	
10.	What are your goals for this internship?		
11.	Faculty Sponsor's Name:		_ Telephone: ()
	Department:	Email:	
	Name of Academic Institution:		
12.	Have you ever been convicted of a crime? If YI (Excluding traffic offenses where court costs and information regarding any arrest, criminal charg <u>NOTE:</u> A conviction record is not an absolute the time that has passed since conviction, and the space of the time that has passed since conviction.	d fine were less than \$100.00. Please e or criminal conviction that has been bar to internship. The Town will con-	e do not disclose n expunged.) <i>usider the nature and gravity of the offense</i> ,

EDUCATION

Give your complete education history

Circle highest school year completed.

1 2 3 4 5 6 7 8 9 10 11 12

High School 13.

Name

State

14. Have you received a high school diploma or equivalent:

YES \square NO \square

City

Education Beyond High School	Name and Location	Did you Graduate? (Please Circle)	Credit Hours	Degree, Diploma or Certificate Earned - or - Number of Years Completed	Major Subject Minor Subject
15. Undergraduate College(s)		YES NO			
Universities		YES NO			
16. Graduate or Professional		YES NO			
School		YES NO			
17. Technical Institute		YES NO			
		YES NO			

SKILLS, KNOWLEDGE & ABILITIES

18. Please list any skills, knowledge, or abilities you have that you feel are applicable to the internship for which you are applying. Include skills with equipment or machines you operate including computer equipment and software packages. Include typing speed if applicable.

(a)	(d)
(b)	(e)
(c)	(f)
19.	Please list your driver's license number and the state in which it was issued. If you do not have a driver's license, please put "NONE". # State
20.	Is your driver's license a Commercial Driver's License? YES 🗆 NO 🗆 If Yes, indicate the class

EMPLOYMENT/VOLUNTEER HISTORY

Record your complete work/volunteer history in the spaces below. Begin with your current or most recent position. (Include military and related volunteer experience.) Attach as many sheets as are necessary to account for your complete record. Be sure to account for gaps in your employment history. Please be thorough, including completing the "Duties" lines. "See attached resume" is <u>not</u> acceptable in the DUTIES space

A. CURRENT OR MOST RECENT WORK EXPERIENCE (or explain gap in employment)				
Job Title: Part-time Full-time				
Name and title of Supervisor	·			
Employer or company		_ Telephone ()		
Date Employed	_ Address			
Date Separated	_ Duties in order of Importance	City	State	
Reason for Leaving:				
B. NEXT MOST RECENT WORK EXPERIENCE (or explain gap in employment)			
Job Title:		Part-time	Full-time	
Name and title of Supervisor				
Employer or company		_ Telephone ()		
Date Employed	_ Address			
Data Granata I	Street	City	State	
Date Separated	_ Duties in order of Importance			
Reason for Leaving:				
C. NEXT WORK EXPERIENCE (or explain gap in e				
Job Title:			Full-time	
Name and title of Supervisor				
Employer or company		_ Telephone ()		
Date Employed	_ Address Street	City	State	
Date Separated	_ Duties in order of Importance			
Reason for Leaving:				

PERSONAL REFERENCES:

Please list references that have personal knowledge of your academic or work performance. Do not include family members or past supervisors.

NAME	PHONE NUMBER	ADDRESS	RELATIONSHIP	YEARS KNOWN
1.				
2.				
3.				

OTH	OTHER INFORMATION				
21.	Have you had disciplinary action taken against you in the past 12 months (academic or employment)?	YES 🗆 NO 🗆			
	If YES, explain under item 24, EXPLANATIONS. (A YES, will not automatically disqualify you.)				
22.	Have you ever been dismissed or forced to resign from any academic program or job?	YES 🗆 NO 🗆			
	If YES, explain under item 24, EXPLANATIONS. (A YES, will not automatically disqualify you.)				
23.	If currently employed, may we contact your present employer for a reference?	YES 🗆 NO 🗆			

24. EXPLANATIONS: Indicate item # to which answers apply.			
ITEM#			

I understand this application is to verify I would be good candidate for internship with the Town of Kernersville and it is not an application for employment. Acceptance to the internship program is not an offer of employment nor should it be construed as any other offer or agreement.

I authorize the Town of Kernersville to conduct a personal background investigation in connection with my internship application. This investigation may include information from educational institutions, police and/or court records, Department of Motor Vehicle records, listed personal references and/or other references, previous employers and other appropriate sources.

I authorize the release of any information the Town of Kernersville may request from the above sources. I further waive all rights to inspection or review of any information compiled.

I fully understand all information gained from such investigation is confidential.

I agree to provide any further information which may be requested and hereby certify that there are no willful or negligent misrepresentations, omissions, or falsifications in any of the internship applications or documents furnished or answers to questions. Falsification of any information will terminate the internship application process. Additionally, I am aware that willful misrepresentations, omissions, or falsifications in any of the applications or documents furnished or answers to questions are grounds for termination of internship should I be accepted to such internship with the Town of Kernersville.

I hereby release the Town of Kernersville, its agents and representatives and any person(s) so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such document, records, and other information for the investigation made by the Town of Kernersville.

Furthermore, I understand that an internship with the Town of Kernersville is contingent upon the successful completion of a drugscreening test to be administered after an offer of internship is made. (Successful completion of the test means that the person tested negative for illegal drugs and substance abuse.)

SIGNATURE_____