



INTERNSHIP APPLICATION

Date: _____

I. PERSONAL HISTORY

Name: _____

DOB: _____

Social Security Number: _____

Drivers License #: _____ State _____

Telephone: _____ Cell Number: _____

Are you a resident of New Jersey: () Yes () No

Present Address:

Complete address to which you wish mail sent:

Where did you learn of this internship opportunity? () School () SCPO Website
() Other _____

Are you legally eligible for employment in the United States? () Yes () No

Have you ever been arrested: () Yes () No

If yes, explain _____

Have you ever been convicted of a crime: () Yes () No

If yes, explain _____

II. RECORD OF EDUCATION

Year of High School graduation: _____

Name of High School: _____

City and State of High School: _____

College	Dates Attended	Degree & Major	# Credits Completed

Graduate School	Dates Attended	Degree & Major	# Credits Completed

Law School	Dates Attended	Degree	# Credits Completed

Other schools or training (for example: vocational, trade, armed forces or business). Give names and location (City, State).

Honors, awards and fellowships received:

III. EMPLOYMENT EXPERIENCE

List all prior employment. Start with your present position and work back.

Account for periods of unemployment in separate blocks in order.

Please indicate by checking if you do NOT wish inquiry be made of your present employer regarding your character, qualifications and record of employment, and please explain under "Reason for Leaving".

Please do not contact present employer

Date of Employment From _____ to Present	Exact Title of Position:
Salary Earnings Starting \$ per Present \$ per	Average Hours per week:
Type of Business or Organization:	Name of Immediate Supervisor:
Name and Address of Employer:	Area Code and Phone Number of Supervisor :
Reason for Leaving:	
Description of Duties, Responsibilities and Accomplishments:	

Date of Employment From _____ to _____	Exact Title of Position:
Salary Earnings Starting \$ per Present \$ per	Average Hours per week:
Type of Business or Organization:	Name of Immediate Supervisor:
Name and Address of Employer:	Area Code and Phone Number of Supervisor :
Reason for Leaving:	
Description of Duties, Responsibilities and Accomplishments:	

Date of Employment From _____ to _____	Exact Title of Position:
Salary Earnings Starting \$ per Present \$ per	Average Hours per week:
Type of Business or Organization:	Name of Immediate Supervisor:
Name and Address of Employer:	Area Code and Phone Number of Supervisor :
Reason for Leaving:	
Description of Duties, Responsibilities and Accomplishments:	

Other employment (use additional sheets of paper if necessary)

Please use this space to give additional information concerning your experience, education, computer skills or qualifications.

IV. REFERENCES

List three persons who are not related to you and who have knowledge of your qualifications for the position for which you are applying. Do Not repeat names of supervisors previously listed under employment experience.

Full Name:	Occupation:
Number of Years or Known	Telephone No.:
Present Home or Business Address:	

Full Name:	Occupation:
Number of Years or Known	Telephone No.:
Present Home or Business Address:	

Full Name:	Occupation:
Number of Years or Known	Telephone No.:
Present Home or Business Address:	

IV. EQUAL OPPORTUNITY EMPLOYER:

The Somerset County Prosecutor’s Office is an equal opportunity employer. Federal and State law and County policy prohibits discrimination because of age, race, creed, color, national origin, ancestry, marital status, gender, familial status, atypical hereditary cellular or blood trait, nationality, affectional or sexual orientation, liability for military service or mental or physical disability.

VI. CERTIFICATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I also recognize that any intentional false statements or omissions will be automatic grounds for dismissal. I understand that no representative of the County of Somerset or the Somerset County Prosecutor’s Office has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, and that any such agreement to be enforceable, must be in writing and signed and approved by the County Prosecutor of Somerset County. Further, I authorize the Somerset County Prosecutor’s Office to verify any and all information contained herein, and to review my criminal and driving history, military, school and disciplinary records from any source. I hereby certify that all information in this application and all documents attached are true and valid.

Date

Signature

Please complete Intern Application and submit to:
Somerset County Prosecutor's Office
Student Internship Program
PO Box 3000
Somerville, New Jersey 08876