



Town of Oyster Bay  
 Department of Human Resources  
 Division of Personnel  
 Town Hall, Oyster Bay NY 11771

FOR OFFICE USE ONLY

Department: \_\_\_\_\_ Year: 2020

Date of Interview \_\_\_\_\_

**APPLICATION FOR 2020 INTERNSHIP PROGRAM**

(PLEASE PRINT)

To Applicant: We deeply appreciate your interest in the Town of Oyster Bay and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in future upgrading. The Town of Oyster Bay is an equal opportunity employer. The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. Federal and New Your State Human Rights Laws prohibit discrimination on the basis of age.

**PERSONAL**

Name: \_\_\_\_\_ Social Security #: XXX-XX-  
LAST FIRST MI LAST 4 DIGITS ONLY

Present Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Do you have transportation which will allow you to fulfill the responsibilities of the job for which you are applying? \_\_\_\_\_

Do you have a Driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you previously employed by the Town of Oyster Bay? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when? \_\_\_\_\_

Do you presently work for the Town of Oyster Bay? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what department? \_\_\_\_\_

\*\*\*Please specify what department you are interested in interning for, or area of interest:  
 \_\_\_\_\_

Are you a Volunteer Firefighter? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any impairment (physical, mental or medical) which would prevent you from performing in a reasonable manner, the activities involved in the job or occupation for which you applied? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

**\*\*\*MUST ATTACH A RESUME\*\*\***

**EDUCATION**

(Current full-time registration in a Graduate or Undergraduate Program is required)

High School: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Undergraduate, Graduate or Other: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_ Anticipated Degree: \_\_\_\_\_

Grade/Year Completed by June 2020: \_\_\_\_\_

Are you available for the full ten (10) week program (June 4, 2020 through August 12, 2020)? \_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you served in the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) BRANCH: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_

(b) TYPE OF DISCHARGE: ( ) Honorable ( ) Other \_\_\_\_\_

(c) Date of entry into active service: \_\_\_\_\_

Give legal residence (State) at time of entry: \_\_\_\_\_

(d) Date of release from active service: \_\_\_\_\_

(e) Date of discharge/separation: \_\_\_\_\_

**REFERENCES**

(Please provide three)

| NAME | STREET ADDRESS | CITY/STATE/ZIP | TELEPHONE NO. |
|------|----------------|----------------|---------------|
|------|----------------|----------------|---------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The facts set forth above in my applications for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigations of my personal, employment, or educational history.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**