

Department: _

Year: 2024

Interview _

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

2024 SUMMER INTERNSHIP PROGRAM

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 York State Human Rights Laws prohibit discrimination on the basis of age.

		<u> </u>	ONAL E PRINT)		
Name:				Social Security	#: <u>XXX-XX-</u>
Name:	FIRST		MI		LAST 4 DIGITS ONLY
Present Address:					
NO.	STREET	CITY		STATE	ZIP
Home Telephone #:			Cell Ph	none #:	
Email Address:	@)			
Do you have transportati are applying?		w you to fulf	•		ternship for which you
Do you have a Driver's lic	ense? Yes	No			
Were you previously emp If yes, when?		-		No	
Do you presently work for t If yes, what departr	nont?				

**The following Departments are available for internship placement. Please specify which of the following you are interested in:

 Comptroller
 General Services
 Environmental Resources

 Inter-Governmental Affairs
 Planning & Development
 Public Information

Town Clerk

____ Public Works/Engineering _____ Town Attorney

_____ Public Safety _____ Town Board

EMPLOYMENT

A RESUME IS REQUIRED

EDUCATION

(Current full-time registration in a Graduate or Undergraduate Program required. Completion of one (1) full-time college semester also required)

High School:		Graduation Year:			
Major:		Minor:			
Anticipated Date of Graduation:		Anticipated Degree:			
Grade/Year Complete	ed by June 2024:	_			
Are you available for	the full ten (10) week program	n (May 30, 2024 through August 7, 3	2024)?		
		FERENCES ise 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