



**COUNTY OF GLOUCESTER
APPLICATION FOR
EMT INTERNSHIP**

FOR HUMAN RESOURCES OFFICE USE ONLY

NO APPLICATION WILL BE PROCESSED OR CONSIDERED UNLESS COMPLETED IN FULL

TODAY'S DATE YEAR _____/MONTH _____/DAY _____

NAME _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS _____
(NUMBER and STREET)

(CITY or TOWN) (STATE) (ZIP)

(MUNICIPALITY)

TELEPHONE _____
HOME _____
WORK _____
EMAIL _____

ARE YOU OVER THE AGE OF 18? ____ IF NO, INTERNSHIP ACTIVITIES ARE SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE.

POSITIONS DESIRED:
EMT Internship
DESIRED SHIFTS/SCHEDULE: _____
DATE AVAILABLE TO START: _____

POSITIONS SHALL REQUIRE PRE-EMPLOYMENT POST OFFER BACKGROUND CHECKS AS REQUIRED BY LAW.

Is your request for internship/volunteer work for credit or experience? _____

If credit, how many credit hours? _____

	YES	NO	IF YES, PLEASE EXPLAIN CIRCUMSTANCES	
1 HAVE YOU EVER BEEN EMPLOYED BY US?			DEPARTMENT	DATE
2 HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT OR INTERNSHIP WITH THE COUNTY?			DEPARTMENT	DATE

EDUCATION

EDUCATION / TRADE	GRADUATED (PLEASE INDICATE YES OR NO BELOW)	MAJOR STUDY	TYPE OF DEGREE	G.P.A.
NAME OF HIGH SCHOOL / HIGHEST GRADE COMPLETED				
COLLEGE OR UNIVERSITY (IF APPLICABLE)				
BUSINESS OR TECHNICAL (IF APPLICABLE)				

EMPLOYMENT RECORD

NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MO.-YR.	DESCRIBE THE WORK YOU DID	REASON FOR LEAVING
	FROM:		
	TO:		
PHONE:			
SUPERVISOR:			
NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MO.-YR.	DESCRIBE THE WORK YOU DID	REASON FOR LEAVING
	FROM:		
	TO:		
PHONE:			
SUPERVISOR:			
NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MO.-YR.	DESCRIBE THE WORK YOU DID	REASON FOR LEAVING
	FROM:		
	TO:		
PHONE:			
SUPERVISOR:			

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____ IF NOT, INDICATE BY NO. WHICH ONE(S) YOU DO NOT WISH US TO CONTACT _____

LIST ANY TECHNICAL OR BUSINESS SKILLS WHICH YOU THINK WILL FIT YOU FOR WORK WITH US:

LIST ANY FRIENDS WORKING FOR US: _____

LIST ANY RELATIVES WORKING FOR US: _____

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE

GLOUCESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER UNDER THE LAW.

I CERTIFY THAT THE INFORMATION ON THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM APPOINTED ON THE BASIS OF ANY MISSTATEMENT HEREIN, I SHALL BE SUBJECT TO REMOVAL.

SIGNATURE

DATE