

Borough of Conshohocken Sewer Authority INTERNSHIP PROGRAM APPLICATION

1	Personal Data
Name: _____ Social Security No.: _____ <i>Last First Middle</i>	
Home Address: _____ <i>Street City</i>	
<i>State Zip Code</i>	
School Address: _____ <i>Street City</i>	
<i>State Zip Code</i>	
Phone Numbers <i>home:</i> _____ <i>school:</i> _____ <i>cell:</i> _____	
Email Address: _____ <i>Age - 18yrs. or over?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	DESIRED INTERNSHIP PLACEMENT
Preference for Placement: <input type="checkbox"/> Summer <input type="checkbox"/> Year -Round <input type="checkbox"/> Other _____	
<i>Choice of Dept:</i> 1 _____ <i>Type of Assignment:</i>	
2 _____ <input type="checkbox"/> Part-Time.....10-20 hours per week..... <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
3 _____ <input type="checkbox"/> Full-Time.....21-40 hours per week..... <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
3	EDUCATION
You must submit an official sealed transcript from your current educational institution with your application. Identify below the educational institution you are currently attending.	
Name of Institution: _____ Major: _____	
Location: _____ Degree: _____ <i>(City) (State)</i>	
Class Status (<i>latest year completed</i>) <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate - Year: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 ^d	
4	REFERENCES
<i>(Do not List Relatives)</i>	
a.) Name: _____ Title: _____ Phone No: _____ <i>Street Address City</i>	
<i>State Zip Code</i>	
b.) Name: _____ Title: _____ Phone No: _____ <i>Street Address City</i>	
<i>State Zip Code</i>	
5	SKILLS
List office skills and identify any computer software applications (e.g. WordPerfect,Word,Excel,etc.) that will assist you in your work functions. _____ _____	
6	HONORS,AWARDS AND OTHER RECOGNITION OF ACHIEVEMENT
Type and date of honor,award\, or recognition. _____	

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7 OTHER

Do you have any relatives working at the Borough of Conshohocken Authority? Yes No. If yes, please list the name, relationship and Department in which the relative(s) work

1. _____ 2. _____
Relatives Name Department

Relatives Name Department

I hereby declare that the information contained herein is correct and complete to the best of my knowledge.

Applicant's Signature

Date

8 ACADEMIC ADVISOR'S RECOMMENDATION

The student identified below is applying for an internship with the **Borough of Conshohocken Authority**. Please complete this section as part of the student's application. The deadline for submitting this recommendation is **April 17**.

Student's Name: _____
Last First

Middle

Name of Institution: _____

Expected Graduation Date: _____ Degree: _____

Class Status: Sophomore Junior Senior Graduate - Year: 1st 2nd 3rd

Would you recommend this student for an internship? Yes No

Comments: _____

9 ADVISOR'S SIGNATURE

Print of Type Advisor's Name Title

Advisor's Signature Date

Address: _____
Number and Street

Apt./Unit/Suite

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_____	_____	_____
<i>Zip Code</i>	<i>City</i>	<i>State</i>
Phone No.: _____	Email: _____	
<i>Please mail completd form to:</i> Borough of Conshohocken Authority 601 East Elm Street Conshohocken, Pa. 19428		