Internship Application Form

City of Jersey City
280 Grove Street
Jersey City, NJ 07302
Phone: 201-547-5200
www.jerseycitynj.gov

Applicant Information

First Name:	
Middle Name:	
Last Name:	
Address (line 1):	
Address (line 2):	
State:	
Zip Code:	
S.S. Number:	
Home Phone:	
Cell Phone:	
Email Address:	
Date of Birth:	

Current Employment Status *(leave blank if N/A)*

Company:			
Address:			
City:		**State:**	
Phone:			
Date of hire:			

Current Education Status *(leave blank if N/A)*

School Name:			
Address:			
City:		**State:**	
Phone:			
Grade/Year:			
Expected Graduation Date:			

Please describe your rationale for applying to this Internship Program and any alignment with future goals or aspirations:

Please describe any applicable strengths, skills, or prior work/education experience specifically relevant to this Internship Program:

Save or print file as a PDF and send along with current resume and cover letter to: interncoordinator@jcnj.org

Print Form