

Glynn County Board of Commissioners
Collegiate Internship Program



Human Resources Department
W. Harold Pate Courthouse Annex
1725 Reynolds Street, Suite 102 * Brunswick, GA 31520
(912) 554-7170 * internship@glynncounty-ga.gov
GLYNN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Last Name _____ First Name _____ Middle Name _____

Present Mailing Address (Street or P.O. Box, City, State and Zip Code) _____

Home/School Phone # _____ Cell Phone # _____ Email Address _____

Are you authorized to work in the United States of America? Yes No

Do you have a valid driver's license? Yes No
Driver's license number # _____ Issuing State _____

Have you ever been convicted of a felony? Yes No
Have you ever been convicted of a misdemeanor? Yes No
If yes, state type of offense, date, location and explain:

A conviction (felony or misdemeanor) does not automatically eliminate you from employment consideration. However, failure to disclose criminal convictions may result in disqualification from internship employment consideration or may result in dismissal if you have been hired. The nature of the offense, when the offense occurred, type of internship you are applying for and your truthfulness may be taken into consideration.

EDUCATIONAL HISTORY

Undergraduate School _____

Classification: _____ Graduation Date: _____

Major _____ Minor _____

GPA _____ Are you currently enrolled? Yes No

Graduate School _____

Program of Study _____ GPA _____

List name, address and telephone number of University Internship Coordinator/Advisor (if applicable):

Name _____ Telephone _____

Address _____

RELATED EMPLOYMENT HISTORY

Job Title _____ Employer _____

Dates Employed From _____ To _____

Supervisor's Name _____ Address _____

Supervisor's Title _____

Telephone Number _____

Description of Duties _____

Reason for Leaving _____

Job Title _____ Employer _____

Dates Employed From _____ To _____

Supervisor's Name _____ Address _____

Supervisor's Title _____

Telephone Number _____

Description of Duties _____

Reason for Leaving _____

GOALS THROUGH INTERNING

RELEVANT COURSE WORK, COMPUTER, SPECIAL SKILLS, CERTIFICATES, OR LICENSES

TIMES AVAILABLE

Number of hours per week: _____

Check All Days Available:

M T W R F

Availability:

FALL SPRING SUMMER

EXTRACURRICULAR ACTIVITIES AND VOLUNTEER EXPERIENCE (if applicable)

AREAS/POSITIONS OF INTERESTS

READ CAREFULLY BEFORE SIGNING

Certification of Application Information

I certify that the information provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time, and will agree to hold Glynn County Board of Commissioners, its officials and employees harmless in that event.

Authorization to Obtain Information

I authorize Glynn County Board of Commissioners to perform a background investigation in connection with my application for employment. This investigation may include information as to my criminal history, credit report, schools attended, Division of Motor Vehicles records, present/past employers, professional references, personal references, military records and other appropriate sources.

I authorize release of any information that Glynn County Board of Commissioners may request from the above sources. All information received by the County will only be used by the County in accordance with applicable laws.

I understand that should I be offered employment, it will be contingent upon a successful drug test and/or criminal background investigation.

Applicant Signature

Date

GLYNN COUNTY, GEORGIA

An Equal Opportunity Employer Committed to Workforce Diversity