



City of Long Beach

High School Internship Program Application

Name _____
Last First Middle

Address _____
Number and Street

_____ Town Zip Code

E-Mail: _____ Home Tel. # _____ Cell # _____

Emergency Contact: _____
Name Relationship Contact #

Have you previously worked for the City of Long Beach? Yes ___ No ___

If yes, please list position and department: _____

Available to work from: _____ to _____
Month/Day Month/Day

Date of Birth: _____ Social Security #: _____

Department Choice (choose 3):

Building Department ___ City Clerk ___ City Comptroller ___ Civil Service ___
Community Development ___ Corporation Counsel ___ Department of Public Works ___
Economic Development ___ Information Technology ___ Performance Management ___
Public Relations ___

High School (check applicable):

Sophomore ___

Junior ___

Senior ___

Except for adjudications as a youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of a misdemeanor or felony? Yes ___ No ___

A conviction is not an automatic bar to employment. Each case is considered on its individual merits. A false statement may result in the disqualification of your application in accordance with section 50 of Civil Service Law. You are advised, therefore, to list all such convictions for misdemeanors or felonies.

Except for lack of work or funds, were you ever dismissed or discharged from any employment?

Yes ___ No ___

If you answered "yes" to either question above, you must give specifics below. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

Employment History

Name of Employer: _____	Position: _____
Describe Duties: _____ _____	
Address: _____	Phone Number/Contact: _____
Date Employed: _____ to _____	Reason for leaving: _____
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Describe Duties: _____ _____	
Address: _____	Phone Number/Contact: _____
Date Employed: _____ to _____	Reason for leaving: _____

According to §45 of the NYS Retirement and Social Security Law, you have the option of becoming a member of the New York State Employees' Retirement System. By becoming a member, 3% of your salary will be deducted by-weekly.

I acknowledge that I have been advised that Membership in the New York State Employees' Retirement System is available to me as a municipal employee. Further I understand that if I am interested in joining the retirement system, I must file an application with the Civil Service office and pay the applicable certified mailing fee.

I acknowledge that I am requesting permission to work as a seasonal or part-time employee, and therefore will be restricted in the duration of my employment or number of hours I may be permitted to work. I acknowledge that I received and completed the attached Employer Health Benefits Waiver of Coverage.

I acknowledge that I have received and read the City of Long Beach Employee Policy Manual, containing the City's Equal Employment Opportunity Policy, Family & Medical Leave Act ("FMLA") Policy, Drug-Free Workplace Policy, and Workplace Violence Prevention Act ("WVPA") Policy & Program.

The facts set forth on this application are true and complete. I understand that any false statement is cause for immediate dismissal.

Applicant's Signature

Date

The City of Long Beach is an equal opportunity employer.

Return completed application, and all required paperwork, to:

Civil Service
1 West Chester Street, Room 504
Long Beach, NY 11561

Phone: 516-431-1000 x7214 Fax: 516-897-5669

www.longbeachny.gov