

Please complete all of the fields below.

While applications are accepted on a rolling basis, please try to adhere to the following dates to ensure that your application is reviewed in time for the desired internship period.

Fall Applications June 1 - August 1
 Spring Applications October 1 - November 1
 Summer Applications December 1 - February 1

Application for

Personal Information

First Name: Last Name: Gender:

Are you 18 or older? ☐ Yes ☐ No

Permanent Address:

City: State: Zip code:

Phone: E-mail:

Hours of Availability: (Ex. 9 a.m. - 5 p.m.)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Education Background

Current Education Level: If Other, please specify:

Name of School or Institution:

Address:

City: State: Zip code:

Student Status:

Major or Field of Study:

Minor/Concentration, if applicable:

Anticipated Date of Graduation: Year:

Do you plan to receive credit at your college or institution for this internship? ☐ Yes ☐ No

If applicable, please indicate the number of internship hours required by your college. hours.

Internship Interest

Department of Interest:

Desired Start Date:

☐ Yes, I have reliable transportation to the internship location.

Why does this department interest you?

What skills or experience do you have in this field?

Please provide a writing sample that will be considered as part of your application by answering the question below in approximately 250 words.

How would this internship with the City of Rochester impact or fit into your future aspirations?

How did you hear about internship opportunities with the City?

If Other, please specify:

Please provide any other information you would like us to know:

***I certify that the above information is correct to the best of my knowledge.**

*** I authorize the City of Rochester to contact the schools/colleges or employers cited in this application in order to verify credentials and person character.**

*** I understand that I may be required to undergo a criminal background check and a drug test as a condition of my internship.**

☐ I hereby affirm the statements above.

Thank you for completing the City of Rochester Internship Application.

Please review all information carefully before submitting. After submission, please submit resume and a letter of recommendation to the internship coordinator at internship@cityofrochester.gov.