

Internship Application Packet

CITY OF RALEIGH

PARKS & RECREATION DEPARTMENT

Last Name, First Name

PLEASE READ CAREFULLY: All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is **IMPORTANT** that you answer all questions on your application fully and accurately. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable. This record will be strictly confidential and the exclusive property of the City of Raleigh, North Carolina.

The City of Raleigh complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the City of Raleigh.

In accordance with the Americans with Disabilities Act, the City of Raleigh will consider reasonable accommodation if requested.

The City of Raleigh is an equal opportunity employer and does not discriminate on the basis of race, sex, color, creed, age, disability, sexual orientation, or national origin.



Raleigh Parks & Recreation Office
2401 Wade Avenue, Raleigh, N.C. 27607
(919) 831-6640

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THE PROGRAM

The Raleigh Parks and Recreation Department's Internship Program was created to assist students in making an effective transition from the classroom to the professional world.

The Internship Program offers internships to students in many areas including Parks, Recreation, Marketing and Business.

There are three internship sessions: spring, summer and fall. Position announcements are distributed for each session.

DURATION

Internships typically run during the following months, however it may be possible for other arrangements to be made:

Spring: January through April

Requirements:

- Attend Orientation Academy
- Complete a Special Project w/ Presentation (unpaid)
- Volunteer for two special events
 - Hersey Track & Field plus one additional

Summer: May through August

Requirements:

- Attend Intern Institute – Date TBD
- Complete a Special Project w/ Presentation (unpaid)
- Volunteer for two special events
 - July 4th plus one additional

Fall: September through November

Requirements:

- Attend Orientation Academy
- Complete a Special Project w/Presentation (unpaid)
- Volunteer for two special events
 - Halloween Trail plus one additional

Exact starting and ending dates will be arranged between the intern, supervisor and internship committee.

COLLEGE CREDIT

Many schools offer academic credit for internships. To determine if your school offers credit and/or the requirements of obtaining credit, you must contact your academic advisor.

ELIGIBILITY

A minimum of 50 hours previous experience related to recreation, parks or business (paid or volunteer) is required. The documentation sheet provided in the internships application must be completed.

Any student currently enrolled at an institution of higher education is eligible to apply to the Internship Program.

If you attend a college or university, you must be of at least sophomore standing by the end of the semester you are currently completing. If you attend a vocational/technical school, you must have at least completed the first year of your program (at least nine months) by the beginning of the internship.

If the internship is not required by your university, we require that you seek advisory support from the university.

COMPENSATION

Compensation is directly tied to the positions interested in. The hourly wage differs for each position.

HOUSING

Housing is not provided by the Department; however, every effort is made to assist in locating housing in the area if it is needed.

COMPLETING THE APPLICATION

****Students applying for more than one position must complete a separate application for each position. **** Only one copy of the CCBI (Criminal Background Check) form is required. It is permissible to submit a photocopy of the application as long as the following criteria are met:

- **Each application must include a resume.** Applicants will be asked to submit resumes before applications are evaluated.
- **Documentation of Hours Found in The Internship Application**

MAIL YOUR COMPLETED APPLICATION, DOCUMENTATION OF HOURS, CCBI FORM AND RESUME TO THE HIRING SUPERVISOR LISTED

If you have any questions please contact Nick Sadler at (919)329-5994 or email nick.sadler@raleighnc.gov

Raleigh Parks and Recreation

Visit our website at: parks.raleighnc.gov



Internship Application

Please read the INTERNSHIP GUIDELINES before completing this application

Today's Date:		Position Title/Area of Interest: _____			
APPLICANT INFORMATION					
Last name:		First:		Middle:	
School Address:				School phone: ()	
City:	State:	Zip Code:		Cell phone: ()	
Permanent Home Address:				Permanent Home phone: ()	
City:	State:	Zip Code:	Personal Email Address:		
Personal Website:			School Email Address:		
Internship INFORMATION					
Date available to begin:	Ending date:			Duration of Internship: (refer to your university's requirements)	
Have you had any previous internships?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, where?	
Would this internship be for course credit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Advisor's Name:		Advisor's Email Address:			
Advisor's Address:				School phone: ()	
P.O. box:	City:	State:	ZIP Code:		
Does your school require a project with this internship?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
School INFORMATION					
University/College/Vocational/Technical School you are attending:					
Educational status at start of internship (note eligibility on INTERNSHIP GUIDELINES)					
College:	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Graduating Senior (month/year:)	<input type="checkbox"/> Graduate Student
Majors(s)/Minors:					
Relevant Courses:					
Vocational/Technical School Program of study:					
Length of program:			Number of months completed:		
Relevant Courses:					

Field Related Experience

A minimum of 50 hours previous experience related to recreation, parks, or position you are applying for (paid or volunteer) is required.

#1

Agency/Organization:		Job Title:	
Supervisor:	Phone #: ()	Email Address:	
Work Dates:		Approximate Hours:	

#2

Agency/Organization:		Job Title:	
Supervisor:	Phone #: ()	Email Address:	
Work Dates:		Approximate Hours:	

#4

Agency/Organization:		Job Title:	
Supervisor:	Phone #: ()	Email Address:	
Work Dates:		Approximate Hours:	

#3

Agency/Organization:		Job Title:	
Supervisor:	Phone #: ()	Email Address:	
Work Dates:		Approximate Hours:	

Writing Sample

*Please attach answers to the questions below to your application.
You must type a minimum of 300 words per question.*

1. Why do you want an internship with the Raleigh Parks and Recreation Department?
2. List 3 goals you would like to accomplish during your internship?

How did you hear about the Raleigh Parks and Recreation Department's Internship Program?

<input type="checkbox"/> University/College	<input type="checkbox"/> Website	<input type="checkbox"/> Past Intern with our Department	<input type="checkbox"/> Other:
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EMERGENCY CONTACT INFO

Name of local friend or relative (not living at same address):	Relationship to applicant:	Home phone no.: ()	Cell phone no.: ()
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Please submit internship application, resume, part-time application, and CCBI form to the hiring manager listed on the job description for your position.

I certify that the information I have provided is true, correct, and complete to the best of my knowledge.

Signature

Date

Department Application (You Must Fill This Section Out)

PERSONAL DATA

1. Position for which you are applying: _____ Division: _____
 Program Area (circle one): Arts Aquatics Athletics
 Amusements Corporate Leisure Serv. Camps Adventure
 Community Centers Lakes Teens Specialized Rec Serv
 Other: _____ Tennis Nature

2. Name of Applicant

 Last Name First Middle

3. Phone (Area Code/Number)

 Home Office Other

4. Email : _____

5. Present Mailing Address

 (Number and Street, RFD or Post Office Box Number)

 City County State Zip Code

6. Permanent Address (If other than shown above)

7. Name of person to be notified in case of emergency

 Name Relation

 Address Phone

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Grade School High School	COLLEGE Indicate number of credit hours received _____
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Schools	Name and Location	Graduated	Type of Diploma or Degree	Major or Field of Study
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Tech Inst. or Schools		YES <input type="checkbox"/> NO <input type="checkbox"/>		
College(s) or University (s)		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate School		YES <input type="checkbox"/> NO <input type="checkbox"/>		

8. Special qualifications and skills (licenses, skills with machines, volunteer experiences, etc.)

WORK HISTORY:

In the space provided below, give your employment history beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

A. Name and business address of employer:

Date of employment from _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities: _____

Reason for leaving: _____

May we contact your present employer regarding your record of employment? Yes No

B. Name and business address of employer:

Date of employment from _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities: _____

Reason for leaving: _____

C. Name and business address of employer:

Date of employment from _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities: _____

Reason for leaving: _____

MILITARY SERVICE:

11. Have you ever served in the U.S. Armed Forces? Yes No
 If your answer is "yes" complete items below.
 Branch of Service Active Duty Rank upon separation/discharge Date of Final Discharge
 From: To: _____
 Month/Day/Year Month/Day/Year

12. Describe special training and military assignments related to job applied for (if applicable):

ADDITIONAL INFORMATION:

Answer items 13 through 18 by placing an "x" in the proper column.	YES	NO
13. Have you ever been employed by the City of Raleigh? (State your name at that time in Item 20 if it was different from your present name.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you related by blood or marriage to any person now employed by the City of Raleigh? If "yes", give name and relationship and the Department in which the relative works in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been dismissed or forced to resign from any position? If yes, give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please explain in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever served time in prison? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please explain in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
18. If you are applying for a position that requires a driver's license, are you licensed by the State of North Carolina to operate a vehicle? License No. Class CDL Class	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL REFERENCES:

19. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do NOT repeat names of supervisors listed under Part IV, WORK HISTORY.

NAME	PRESENT BUSINESS OR HOME ADDRESS & PHONE NO.	BUSINESS OR OCCUPATION

20. Space for detailed answers. Indicate item number to which answers apply.

ITEM NO.	DETAILS

DECLARATION OF APPLICATION - PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I hereby certify that there are no willful misrepresentation, omissions, or falsifications in the foregoing statements and answers to questions and that the information I have provided in this application for employment is subject to verification by the City of Raleigh. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, my application may be rejected, or if already employed, may be terminated.

Signature

Date

Examples of Offenses Considered Unacceptable for Employment/ Volunteer with the City of Raleigh Parks and Recreation Department

Persons charged with and found guilty of the following crimes will not be allowed to work with the City of Raleigh Parks and Recreation Department. This listing of examples of criminal convictions is not exhaustive and conviction for other crimes or repeated charges for the same or similar charge(s) may be considered unacceptable as determined by the Parks and Recreation Director.

Manslaughter

Murder

Homicide

Abduction (of child or adult)

Robbery

Carjacking

Extortion

Felony Stalking

Sexual assault/sex offender charges (including incest, crimes against nature, taking indecent liberties with a minor)

Drive by shootings

Child abuse/neglect

Possession of child pornography

Escape from jail

Assault charges (assault on a government official, assault with a deadly weapon with intent to inflict injury, assault on a person)

Prostitution

Rape

Embezzlement

Forgery

Burglary or Larceny

Possession of weapon on school grounds, possession of weapons to cause mass destruction

Resisting a Public Officer

Domestic Abuse

Alcohol Offenses (open container offenses, consumption of beer/wine in public, possession of alcohol on unauthorized premises, possession of alcohol under age 21)

Drug charges (drug possession, possession of drug paraphernalia, maintaining a dwelling for a controlled substance)

3 background searches will be performed on each Candidate/Volunteer:

1: **National Offender Registry Check** = Results available at <http://www.nsopr.gov/>

2: **NC Department of Corrections** = Results available at http://webapps.doc.state.nc.us/apps/offender_servlets/search1

3: **AOC/CCBI Statewide Record Check** = Criminal, Infraction, and Archived record check conducted using AS-400 system. Results for Wake County charges available at Salisbury Street CCBI office (in Wake County Public Safety Center). Records for other Counties must be obtained from their County Court Records office.