

**TOWN OF BLOOMFIELD  
POLICY MEMORANDUM**

**SUBJECT:** Intern Policy

**NO:** 145.03

**DATE:** May 6, 2015

**AMENDED:**

**DISTRIBUTION:** All Departments

**BY:** Cindy Coville, Director Human Resources

**APPROVED:**

*William K. Schumaker*  
Town Manager

I. PURPOSE

The purpose of this policy memorandum is to provide uniform guidelines for filling intern positions within Town departments.

II. RESPONSIBILITY

- A. The issuance of this policy will be the responsibility of Human Resources.
- B. Each department head is responsible for the implementation of the policy, ensuring appropriate forms are completed; as well as tracking and reporting as outlined in the policy

III. FORMS

- A. Intern Application (for use when one is not provided by educational institution)
- B. Intern Time Tracking Sheet
- C. Intern Emergency Contact Form

IV. DEFINITION

- A. An intern is a student who is enrolled in a high school, trade school, college or university; and as a program requirement, is seeking to apply their academic knowledge in a professional setting that they may be considering for a career path; and who does not displace any Town employee.

V. PROCEDURE

- 1. Any department seeking to utilize interns will abide by the procedures outlined in this memorandum.
- 2. It is the responsibility of the department head or designee to communicate the following information to HR at least one month prior to the closing date to apply for the internship at the educational organization. This will provide the HR Department sufficient time to notify Bloomfield residents about the internship opportunity and provide information on how to apply.
  - a. The available internship
  - b. The educational organization through which the internship will be filled
  - c. The date by which an individual wishing to be considered for the internship must apply for the internship,
  - d. The contact information at the educational organization, and
  - e. The anticipated start date of the intern

3. Human Resources will post internship opportunities on our website, on the Town electronic message boards and on BATV to reach the citizens of Bloomfield.
4. Bloomfield residents who meet the requirements of the educational organization for the internship will have preference over all other candidates.
5. Each department that will utilize interns must submit a copy of the Internship Agreement provided by the school to Human Resources. If the intern is under the age of 18, a parent or legal guardian must also sign the agreement. If no agreement is provided by the school, the intern will fill out the Town of Bloomfield form.
6. If the Internship Agreement does not include a description of the internship curriculum, each department must provide a description of the internship curriculum to Human Resources.
7. Human Resources will conduct background checks on interns over the age of 18 and DCF background checks when the intern will be working with or near children.
8. It is the responsibility of the department head or designee to keep a record of all hours the intern is at the Town of Bloomfield and to ensure that all requirements of the school internship are met.

**TOWN OF BLOOMFIELD  
INTERN APPLICATION**

Date: \_\_\_\_\_ Department you are seeking to intern: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian (minors only): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian (minors only): \_\_\_\_\_ Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency/School Name & Address: \_\_\_\_\_

Are you related to a Town of Bloomfield Employee: YES or NO (circle one) - Name/Relationship: \_\_\_\_\_

Have you ever been convicted of a felony? A "yes" answer will not automatically disqualify you. The nature and seriousness of the offense and date of the conviction will be considered: YES or NO (circle one)

If YES, explain (use separate sheet if necessary): \_\_\_\_\_

Do you have a valid driver's license? YES or NO (circle one)

Operator's No. \_\_\_\_\_ Endorsements: \_\_\_\_\_

State: \_\_\_\_\_ Class: \_\_\_\_\_

**EDUCATION**

School	Name/Address of school	Years Attended	Course of Study	Check Last Year Completed	Did You Graduate? Yes or No	List Diploma or Degree
High School Or GED						
Technical School						
Undergraduate School						
Graduate School						

Name: \_\_\_\_\_

If applicable, number of hours required to intern: \_\_\_\_\_

If applicable, date hours must be completed by: \_\_\_\_\_

**REFERENCES**

Please print the names, addresses and phone numbers of two references, other than relatives, who would be in a position to evaluate your qualifications to serve as an intern.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ How long has he/she known you? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ How long has he/she known you? \_\_\_\_\_

**CERTIFICATION**

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I realize that the misrepresentation, omission or falsification of any information on this application is grounds for denial of an internship opportunity or termination from internship opportunity if already commenced.

I give my consent to the Town to check with personal references, past and present employers and education institutions concerning my background and personal history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If accepted, my son/daughter has my permission to intern with the Town of Bloomfield.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



**TOWN OF BLOOMFIELD**  
**INTERN EMERGENCY CONTACT FORM**

**Personal Information:**

**Employee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (h)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Emergency Contacts:**

**Emergency Contact Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (h)** \_\_\_\_\_ **(w)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Emergency Contact Name (alternate):** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (h)** \_\_\_\_\_ **(w)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**This information will be kept confidential and used for emergencies only.**