



DOWNTOWN DEVELOPMENT

Name: _____ Date of Application: ____ / ____ / ____

Address: _____

Telephone: (H) _____ E-Mail Address: _____
(C) _____

Are you at least 16 years old: YES NO

Are you at least 18 years old: YES NO

Please mark which City Departments you would like to be considered for:

- Administrative Building Downtown
 Recreation Recycling Street/Water
 General Internship

Availability: (Please mark the times you will be available to work)

- Monday: Morning Afternoon Evenings
Tuesday: Morning Afternoon Evenings
Wednesday: Morning Afternoon Evenings
Thursday: Morning Afternoon Evenings
Friday: Morning Afternoon Evenings
Saturday: Morning Afternoon Evenings

Do you have transportation to and from City Hall: YES NO

Emergency Contact Information:

1. Name: _____ Relationship: _____ Telephone: _____

2. Name: _____ Relationship: _____ Telephone: _____

On another sheet of paper please write at least two paragraphs describing why you are interested in interning with the City of Swainsboro. Describe your interest in the specific Department you are applying for and what you intend to learn.