

INTERN

WITH

THE CITY OF EDMOND &
AREA MUNICIPALITIES

PAID INTERNSHIP

Work directly with municipal departments for hands-on experience in public administration.

PILOT PROGRAM

Open to UCO Students, Priority to MPA Students

**Oklahoma Municipal
Management Services**

www.okmms.org

SPONSORED BY

City Management Association of Oklahoma



PARTNER CITIES



Pilot Municipal Government Internship Program

The following organizations are partnering together on a *Pilot Municipal Government Internship Program*:

City of Choctaw
City of Edmond
City of Kingfisher

City of Moore
City of Mustang
City of Piedmont

City Management Association of Oklahoma (CMAO)
Oklahoma Municipal Assurance Group (OMAG)
Oklahoma Municipal Management Services (OMMS)
University of Central Oklahoma (UCO)

Program Objectives

- Program participants would gain broad knowledge and appreciation of city functions and city management.
- Participants will learn about organizational leadership and departmental functions at the City of Edmond.
- Participants would have opportunities to work on tangible projects.
- Participants would gain skills in budgeting, leadership, project management, interpersonal relations.

Program Logistics

- Semester-long internship with a rate of pay of \$10.00 per hour, with an anticipated 20 hours per week work schedule, for an 18-week duration. Interns will be part-time employees of OMMS and will be required to submit a current resume, answer an *Internship Questionnaire* and complete all employment documents, as well as pass a background check.
- Available to six UCO students, priority given to MPA students, who desire future employment in municipal government.
- Interns would work remotely on their devices with the City of Edmond offices serving as “home base”.
- Interns would have regular check-ins at Edmond’s CityFirst and visits with departments onsite.

Program Components

- Work rotation will be within all municipal “core departments”, consisting of site visits with other partnering municipalities in order to learn from area City Managers and staff.
- Specific projects assigned by CMAO, OMMS, OMAG and partnering communities.
- Skills Development through structured training (once or twice per month) on topics such as budgeting, Council relations, community outreach, etc.

From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes No
Company		Phone
Address		Supervisor
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes No

PERSONAL REFERENCES (not Former Employers or Relatives)		
Name & Occupation 1.	Phone	
2.		
3.		
MILITARY SERVICE		
Branch	From	To
Are you a member of the Reserves or National Guard?	Yes No	Did you receive an Honorable or General Discharge? Yes No
Type of training and work experience Received while in the service		

EDUCATION AND TRAINING				
Do you have a High School Diploma?		Yes No	High School Name & Location	
Do you have a GED?		Yes No		
College or University Name	Major	Minor	Degree Earned	Year
Location	From:	To:	Hours Completed	
College or University Name	Major	Minor	Degree Earned	Year
Location	From:	To:	Hours Completed	
Business, Vocational or Technical School		Location		
Type of Course Work		Did you Complete?	If yes, when?	

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with OMMS will be based on your merit and ability.

Agreement
Read Carefully before signing

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading statements/answers will disqualify me from employment consideration.

The background information supplied by an applicant for an open position will be checked. This check will cover the accuracy of the data furnished and the past performance record of the candidate. I hereby authorize OMMS to investigate all statements contained in this application and verify the facts claimed by me on this application. I understand that such information is confidential and OMMS cannot reveal the reason for rejection.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of OMMS.

I further understand and agree that my employment with OMMS does not constitute any employment contract and that I may resign my position and voluntarily leave employment, or my employment may be terminated at any time for any reason.

I hereby grant permission to OMMS to investigate and verify any of the information included in this application, and I agree to submit to a drug test and understand that all job offers are contingent upon the results of such tests.

Signature of Applicant

Date

NOTE: Please attach a current resume to this application form.

| Oklahoma Municipal | Management Services |

Internship Questionnaire

Please submit the following questionnaire with your application to be considered for the internship program.

Why do you want to enter the public administration field?

Which courses are you taking or have you taken that emphasizes public management?

How do you plan on using your degree? What is your 5-year goal?

What aspect of public administration do you enjoy the most? What do you like the least?

What do you hope to gain through the internship?

How many hours a week are you planning on dedicating towards the internship?

Oklahoma Municipal Management Services

BACKGROUND INVESTIGATION AUTHORIZATION FORM

I, _____, hereby authorize Oklahoma Municipal Management Services (OMMS) to investigate any and all statements and information, which I have provided as part of my application process for employment with OMMS. I further authorize OMMS to obtain any records or documents pertaining to my background and experience. I also hereby authorize OMMS to obtain any and all background information about that which OMMS, in its sole discretion, deems necessary from any and all sources, and by my signature below, hereby grant my permission to any and all sources contacted by OMMS to provide any and all information which they may have concerning me. These records may contain information about my character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as my neighbors, friends or associates. These records may also contain information about my criminal history, credit history, driving and/or motor vehicle history, education or employment history, or other background checks.

I understand that I have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any background/investigative information received by Oklahoma Municipal Management Services (OMMS), located at 1141 East 37th Street, Tulsa, Oklahoma, 74105; telephone 1-833-655-2667. The scope of this notice and below authorization is limited to present services between OMMS and the City of Seminole, Oklahoma. In addition, by my signature below, I hereby release, for now and forever, OMMS, and the City of Seminole, Oklahoma, including anyone acting on their behalf, and any and all individuals, firms, or organizations which may be contacted by OMMS, from any and all liability, or potential liability associated with the providing or gathering of information concerning any aspect of my background. I further understand that any misstatements, omissions, or false statements made by me will be cause for rejection of my application for employment.

Initials: _____

Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I hereby authorize OMMS to obtain any records or documents pertaining to my background and experience. I also hereby authorize OMMS to obtain any and all background information about that which OMMS, in its sole discretion, deems necessary from any and all sources, and by my signature below, hereby grant my permission to any and all sources contacted by OMMS to provide any and all information which they may have concerning me.

Signature: _____

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____

Date of Birth: _____