



O'Connor Davies Munns & Dobbins, llp  
ACCOUNTANTS AND CONSULTANTS

# INTERNSHIP APPLICATION



### INTERNSHIP APPLICATION FORM

*ODMD is an Affirmative Action/Equal Employment Opportunity employer.*

In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter and your resume. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

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

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

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

**School Telephone Number:** \_\_\_\_\_ **Permanent Telephone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**If we offer you a position, will you be able to submit verification of your legal right to work?** \_\_\_\_\_

**Are you requesting that your college grant you credit hours for your internship?** \_\_\_\_\_

**Dates available to start internship:** \_\_\_\_\_

**ODMD has five offices, which office would be your preferred choice:** \_\_\_\_\_

**New York City, NY**  
One Grand Central Place  
60 East 42nd Street  
New York, NY 10165

**Harrison, NY**  
500 Mamaroneck Avenue  
Suite 301  
Harrison, NY 10528

**New Windsor, NY**  
555 Hudson Valley Avenue  
New Windsor, NY 12533

**Stamford, CT**  
62 Southfield Avenue  
One Stamford Landing  
Stamford, CT 06902

**Paramus, NJ**  
Dorothy B. Kraft Center  
15 Essex Road  
Paramus, NJ 07652

**Education:**

**Type of School**

**Name and Location**

**Degree/ Date**

**Major**

**College:**

\_\_\_\_\_

\_\_\_\_\_

**High School:**

\_\_\_\_\_

**Scholastic Honors and/or Licenses:**

\_\_\_\_\_

\_\_\_\_\_

**Employment History (Includes paid, volunteer and intern positions)**

**Most Recent Employer:**

\_\_\_\_\_

**Telephone Number:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Supervisor (Name & Title):**

\_\_\_\_\_

**Position Title:**

\_\_\_\_\_

**Start Date:**

\_\_\_\_\_

**End Date:**

\_\_\_\_\_

**Description of Duties:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer:**

\_\_\_\_\_

**Telephone Number:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Supervisor (Name & Title):**

\_\_\_\_\_

**Position Title:**

\_\_\_\_\_

**Start Date:**

\_\_\_\_\_

**End Date:**

\_\_\_\_\_

**Description of Duties:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Company/ School:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Known How Long:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Company/ School:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Known How Long:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Company/ School:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Known How Long:** \_\_\_\_\_

**Community / professional organizations, honors and awards:** \_\_\_\_\_

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**Activities relevant to the internship for which you are applying:** \_\_\_\_\_

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**Why would you like to work as an ODMD intern? (Additional sheets if necessary)**

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I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or my dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INTERNSHIP PROGRAM INFORMATION

ODMD offers internships at all six of its offices. The internship program is designed to provide students with an opportunity to learn about auditing and tax in public accounting.

**Internship Positions Available:** Internship opportunities are available in audit and tax areas of the firm. The internship application may be filled out on ODMD's web site ([www.ODMD.com](http://www.ODMD.com)), or picked up in any of our office locations between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday.

**Eligibility:** A candidate must be a graduate or undergraduate student; majoring in accounting and expects to take the Certified Public Accounting exam.

**General Information:** Interns are expected to work between 20 and 40 hours a week during an 8 to 12 week internship period. Our internship program is offered during the Summer, we also consider internships during the Winter/Spring semesters. Interns may receive academic credit if an agreement is made between the ODMD Human Resources Department and the intern's college or university.

**Application Procedures:** Candidates must complete an application form and submit it with a cover letter and resume. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

**Application Deadlines:** We will begin accepting internship applications starting October 1 and will not accept applications after March 31<sup>st</sup>.

Mail or Email Applications to:  
O'Connor Davies Munns & Dobbins  
Human Resources Department — Internship Program  
Attn: John P. Fragale  
One Grand Central Place  
60 East 42<sup>nd</sup> Street, 36<sup>th</sup> Floor  
New York, NY 10165  
[recruit@odmd.com](mailto:recruit@odmd.com)

### Where to Go for Further Information:

ODMD's web site - [www.ODMD.com](http://www.ODMD.com)

Or contact

John Fragale: Director of Career Development  
[JPFragale@odmd.com](mailto:JPFragale@odmd.com)  
(212) 286-2600

ODMD is an Equal Opportunity Employer.

## VOLUNTARY SELF-IDENTIFICATION FORM

*ODMD ensures equal employment opportunity. We ask you to voluntarily help us measure the effectiveness of this program by answering the questions below.*

*The information we collect is used for statistical purposes only. This form is kept separate from the employment application, and is only accessible to staff members in the Human Resources Department.*

*Answers on this form do not bar you in any way from employment consideration.*

<b>Name:</b> _____
<b>Your City, State, and Zip Code:</b> _____
<b>Today's Date:</b> _____ <b>Date of Birth:</b> _____

### Racial or Ethnic Group

American Indian/Alaskan

Asian/Pacific Islander

Black/African American

Hispanic/Latino

White/Caucasian

Other

### Gender

Female

Male

### Military Service

Pre-Vietnam Era

Vietnam Era

Post-Vietnam Era

Disabled Veteran

### How did you find out about the position for which your applying?

Advertisement

Conference

Which one? \_\_\_\_\_

Job Fair

Where? \_\_\_\_\_

ODMD Employee

Whom? \_\_\_\_\_

ODMD Web Site

School

Which school? \_\_\_\_\_

Walk-In

Other \_\_\_\_\_

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