

NJDOE Unpaid Internship Application

Applicant Information

Full Name:

Last *First* *M.I.*

Current Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () **Cell Phone:** ()

Email: _____

Permanent Address (if different): _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

College/University: _____

Major: _____ **Minor:** _____

Expected status at the beginning of internship:

- Freshman Sophomore Junior Senior Graduate

Date Available _____

Please list division in which you would be interested in doing an internship:

1. _____ 2. _____ 3. _____

The following is OPTIONAL. This information is used for statistical purposes only.

Sex (please check one): Male Female Non-binary Decline optional information

Ethnic Categories:

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native:
Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition | <input type="checkbox"/> Asian or Pacific Islander:
Persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. This area includes Pakistan, Korea, Vietnam, the Philippine Islands, and Samoa. |
| <input type="checkbox"/> Black, not of Hispanic Origin:
Persons having origins in any of the black racial groups of Africa. | <input type="checkbox"/> Hispanic:
Persons of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin regardless of race. |
| <input type="checkbox"/> White, not of Hispanic Origin:
Persons having origins in any of the original people of Europe, North Africa, or the Middle East. | <input type="checkbox"/> Other:
Persons that do not apply to any of the above ethnic descriptions. |
| <input type="checkbox"/> Decline optional information: | |

Professional Skills and Experiences

Please check any professional skills you feel you know well/are proficient in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Caring for children | <input type="checkbox"/> Providing customer service | <input type="checkbox"/> Using Microsoft PowerPoint to create/edit presentations |
| <input type="checkbox"/> Conducting research | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Using Microsoft Word to create/edit documents |
| <input type="checkbox"/> Graphic designing | <input type="checkbox"/> Resolving conflicts | <input type="checkbox"/> Working in a team |
| <input type="checkbox"/> Emailing | <input type="checkbox"/> Using a business telephone | <input type="checkbox"/> Working with computers |
| <input type="checkbox"/> Leading groups or activities | <input type="checkbox"/> Using a copy machine | <input type="checkbox"/> Working with diverse groups of people |
| <input type="checkbox"/> Listening to others | <input type="checkbox"/> Using a fax machine | <input type="checkbox"/> Writing/Editing documents |
| <input type="checkbox"/> Organizing tasks | <input type="checkbox"/> Using a scanner | |
| <input type="checkbox"/> Organizing, filing or categorizing information | <input type="checkbox"/> Using Microsoft Excel to manage database information | |
| <input type="checkbox"/> Planning activities/events | | |
| <input type="checkbox"/> Problem solving or mediating | | |

Please check any skills you would like to learn:

- | | | |
|---|---|--|
| <input type="checkbox"/> Caring for children | <input type="checkbox"/> Providing customer service | <input type="checkbox"/> Using Microsoft PowerPoint to create/edit presentations |
| <input type="checkbox"/> Conducting research | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Using Microsoft Word to create/edit documents |
| <input type="checkbox"/> Graphic designing | <input type="checkbox"/> Resolving conflicts | <input type="checkbox"/> Working in a team |
| <input type="checkbox"/> Emailing | <input type="checkbox"/> Using a business telephone | <input type="checkbox"/> Working with computers |
| <input type="checkbox"/> Leading groups or activities | <input type="checkbox"/> Using a copy machine | <input type="checkbox"/> Working with diverse groups of people |
| <input type="checkbox"/> Listening to others | <input type="checkbox"/> Using a fax machine | <input type="checkbox"/> Writing/Editing document |
| <input type="checkbox"/> Organizing tasks | <input type="checkbox"/> Using a scanner | |
| <input type="checkbox"/> Organizing, filing or categorizing information | <input type="checkbox"/> Using Microsoft Excel to manage database information | |
| <input type="checkbox"/> Planning activities/events | | |
| <input type="checkbox"/> Problem solving or mediating | | |

Other Application Requirements

- **Include a writing sample describing your short-term professional goals. What experiences and professional skills do you hope to gain from the internship that will prepare you to reach those goals? [200 words max]**
- **College Transcript:** A copy of your most recent transcript
- **Resume:** A copy of your resume

**Additional employment documents will be required if you receive a final offer of employment.*

By signing below, I agree that I have fully reviewed all the information in this application and understand that if I do not submit all required application documents and/or meet the program eligibility requirements, my application will NOT be considered for possible employment. By submitting this application, I agree that all information provided is verified and true, to the best of my knowledge. I also understand that submission of an application does NOT guarantee eligibility or employment within the New Jersey Department of Education internship program.

Applicant Name (Print): _____ **Date:** _____

Applicant Signature: _____