



New York State Division of Homeland Security And Emergency Services INTERNSHIP APPLICATION

Personal Data

Last Name			First Name			Middle Initial		
Current Mailing/Street Address				Permanent Street Address (if different)				
City		State	Zip Code		City		State	Zip Code
Current Telephone Number				Position of Interest: INTERN				
Social Security No.		E-mail Address			Cell Phone Number			

Eligibility

Are you currently enrolled as a junior or senior undergraduate, or graduate/law student with at least a 3.0 GPA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally authorized to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.			
Have you ever been convicted of any crime (felony, misdemeanor, violation, or infraction of law including alcohol- related motor vehicle offenses)? If yes, please explain below			
Yes		No	

Placement Interests

Session: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>
In order of preference, select the Office(s) or Support Units in which you are interested in being placed. <u>Please refer to the DHSES website for more info on the various Offices and Support Units</u>
1) 2) 3)
Note: Preferences will be considered, but are not guaranteed
Choose your preferred work location: <input type="checkbox"/> Albany <input type="checkbox"/> Other (If other, please list:)
Desired Start Date
Days/hours available per week (if known):

Education

SCHOOL	NAME/LOCATION	Graduation Date	No. of Years Credited	Diploma/Degree	Course of Study
Undergraduate School					
Undergraduate School					
Graduate School					
Graduate School					
Current GPA					

Highlight any Relevant Coursework:

Employment History

NOTE: Begin with most recent employment and be sure to include any employment with the State of New York. List all previous employers and please explain any gaps in work history. Add additional sheets if necessary. **Please complete all items even if you have already provided us with a resume.**

Employer Name		Street Address		City, Village or Town		State Zip Code	
Employer Telephone		Salary		Job Title:			
				Supervisor:			
From (month/year):				To (month/year):			
Explain reason for leaving:							
Describe your duties and responsibilities:							
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Employer Name		Street Address		City, Village or Town		State Zip Code	
Employer Telephone		Salary		Job Title:			
				Supervisor:			
From (month/year):				To (month/year):			
Explain reason for leaving:							
Describe your duties and responsibilities:							
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Employer Name		Street Address		City, Village or Town		State Zip Code	
Employer Telephone		Salary		Job Title:			
				Supervisor:			
From (month/year):				To (month/year):			
Explain reason for leaving:							
Describe your duties and responsibilities:							
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Academic Point of Contact

He or she will need to be able to attest to your academic standing and aptitude for an internship	
Name	
Title:	
Email:	
Phone:	

References

Please list name and contact info for at least 2 references:

Selectively list your most pertinent skill(s), talent(s), interest(s), achievement(s), honor(s)

Statement of Purpose

In 1000 words or less, explain why you want to intern at the Division of Homeland Security and Emergency Services.

AFFIRMATION: I certify that the information I provided on this application and any accompanying documentation, and will provide throughout the hiring process, is correct, accurate and complete. I understand that providing false, incomplete, or misleading information on this application, during the interview, or at any time during the hiring process, is cause for denial or termination of employment, regardless of the timing or circumstances of discovery.

Full Name

Date

Please print any other name by which you are or have been known:

NOTE: It is a requirement that all new employees to state service who are appointed to this agency undergo a background check which includes fingerprinting.

New York State Law prohibits discrimination because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, or arrest record unless based upon a bona fide occupational qualification.