



SUNY/SED

Student Internship Application



The New York State Education Department
OFFICE OF HUMAN RESOURCES MANAGEMENT
(518) 474-5215

PLEASE ANSWER ALL QUESTIONS /COMPLETE ALL SECTIONS (*APPLICATIONS WILL NOT BE EVALUATED IF INCOMPLETE*)

Candidates must be currently matriculated in an Associates, Bachelors, Masters, Law, Professional, or Doctoral degree program at a college or university in order to qualify for an assignment. New York State residency is NOT required. A current copy of your academic transcript (or acceptance letter for first semester students) must be submitted with your application.

LAST NAME		FIRST NAME		MIDDLE INITIAL	
MAILING ADDRESS Street			City		State Zip
TELEPHONE NUMBER (CELL)	TELEPHONE NUMBER (HOME)	E-MAIL ADDRESS		ARE YOU OVER 18 YEARS OLD?	
				Yes	No
Are you legally eligible to work in the U.S.? *NO SPONSORSHIP IS AVAILABLE FOR POSITIONS IN NYSED		Yes	No	Student Status (Check One)	
If you have a student Visa, are you eligible for CPT?		Yes	No	Undergraduate Graduate	
Are you currently being compensated as a Student Assistant by any State/SUNY entity?		Yes	No	Please Indicate SEMESTER & YEAR to which you are applying (SELECT ONE) Fall Winter Spring Summer	
College or University you will be enrolled in during internship:		Anticipated Graduation (Month/Year)			
Major/Degree Program:					

Note: All positions are part-time. Students may work a maximum of 20 hours per week during the semester and 29 hours per week during winter and summer sessions. Hours available may vary based on position.

Answer the following questions by checking either "Yes" or "No." If you answer "Yes," provide details in the space provided (attach additional sheets as necessary). A "Yes" answer to any of these questions does not represent an automatic bar to assignment. Each application is evaluated on its individual merits and against the duties, responsibilities and qualifications of the position being filled. However, your failure to respond to these questions may result in your removal from further consideration.

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|-----|----|---|
| Yes | No | 1. Have you ever been discharged or dismissed from any public or private employment for reasons other than lack of work or lack of funds? |
| Yes | No | 2. Have you ever resigned from any position rather than face dismissal or disciplinary charges? |
| Yes | No | 3. Have you ever been convicted of a crime (felony or misdemeanor)?* |
| Yes | No | 4. Are any criminal charges currently pending against you? |

DETAILS:

* You should answer "No" if one of the following conditions apply:

- Your conviction was sealed by a court, or
- The criminal action or proceeding was terminated in your favor, e.g. you were acquitted or dismissed, you received an adjournment in contemplation of dismissal and the adjournment period has lapsed, or
- The procedure on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to the Family Court Act, or
- After completing a treatment program, your plea to a felony or a misdemeanor was withdrawn and you were resentenced to a violation which was sealed by the court, or the completion of the program resulted in a dismissal of all charges by the court.

Failure to disclose a prior conviction that does not meet the above criteria may result in denial of assignment based on falsification of the application for internship.

An Equal Opportunity Employer

New York State and Federal Law prohibit discrimination on the basis of race, color, religion, age, creed, disability, marital status, pregnancy, veteran status, national origin, sex, genetics, carrier status, gender identity or expression, or sexual orientation in its educational programs, services and activities.

References <i>(List three people who can attest to your experience, character, and skills.)</i>		
Name	Name	Name
Address (street, city, state, zip code)	Address (street, city, state, zip code)	Address (street, city, state, zip code)
Telephone Number	Telephone Number	Telephone Number
Title	Title	Title
<i>I affirm that all statements made on this form, including any accompanying documents, are true under penalty of perjury. I further authorize verification of information provided herewith prior to appointment. I understand that any false statements made on this form or accompanying documents may nullify my appointment or lead to my dismissal.</i>		
Signature		Date

<p>How did you hear about us?*</p> <p><small>* In our ongoing efforts to develop and assess effective recruitment strategies, we ask that you identify the source as specifically as possible.</small></p>

To Be Completed by Campus Coordinator

<i>I reviewed, verified, and approve this student's eligibility and candidacy for an internship assignment with the New York State Education Department.</i>	
Name:	Title:
Signature:	Date:
Campus:	Student's Academic Program:

Candidates must email their application, resume, and copy of school transcript (student copy is acceptable) to the address below with the position number clearly identified in the subject line. If applying for more than one internship, you must send a separate email and application for each position with the appropriate assignment number indicated in the subject line.

Internships@nysed.gov