

DIVISION OF JUVENILE JUSTICE

Application for Unpaid Internship

www.ncdjjdp.org

A Criminal History Record and Registry Checks Request (*Form 11.2 003*) must be submitted with each application. Applications received without *Form HR 11.2 003* and signatures from applicant, Faculty/Advisor and if applicable the Career Services Representative, **will not** be processed.

Section I: Personal Information

| Legal Name and Permanent Address | Preferred Name and Address (If same as "Legal Name and Permanent Address," enter "SAME." | | | | |
|---|--|--|--|--|--|
| Name | Name | | | | |
| Address | Address | | | | |
| City State Zip | City State Zip | | | | |
| Contact Numbers Primary Secondary | Best time to contact (extra space provided, if needed) | | | | |
| email | | | | | |
| Section II: Educational Information | | | | | |
| School Name and Address | Major/Credit Hours/GPA Information | | | | |
| Name | _ Major | | | | |
| Address | Credit Hours in Major | | | | |
| City State Zip | Grade Point Average Total Major | | | | |
| Classification in School O Sophomore O Junior O Senior O Grad Student | | | | | |
| Internship Semester Applying for | Year | | | | |
| Relevant Course Work | | | | | |

Section III: Extracurricular Activities (Include leadership roles)

| School | |
|---|--|
| Community and Volunteer Experience | |

Application for Unpaid Internship (cont'd)

| Nam | ne | Major | | | | | |
|---|---|--------------|-------|--|--|--|--|
| <u>Sec</u> | Section IV: Work History (List most recent employer first) Employer Name, City/State/Zip Employment Dates | | | | | | |
| 1. | Employer Name | St | Start | | | | |
| | City | State Zip Ei | End | | | | |
| 2. | Employer Name | St | Start | | | | |
| | City | State Zip Ei | End | | | | |
| 3. | Employer Name | St | Start | | | | |
| | City | State Zip Ei | End | | | | |
| Section V: Certification of Application Information/Signatures I certify that the information given in this application is true to the best of my knowledge. I authorize educational institutions, associations, references, and others to furnish whatever detail is available concerning my qualifications. | | | | | | | |
| I certify that the above student has submitted a resume and an application for the Unpaid Internship to the Career Services Representative or consulted with a Faculty/Advisor. If applicable, the student has attended a Cooperative Education Orientation Workshop and successfully completed the program. I highly recommend this student. | | | | | | | |

| Career Services Rep. Printed Name (If applicable) | Career Services Rep. Signature (If applicable) | Date | Phone Number |
|---|--|------|--------------|
| | | | |
| Faculty Advisor Printed Name (Required) | Faculty Advisor Signature (Required) | Date | Phone Number |

Section VI: Equal Employment Opportunity (EEO) Information

State Government policy prohibits discrimination based on age, color, creed, disability, national origin, race, religion, or sex. Absence of disability or sex is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

| Applicant's Date of Birth Sex O Female O Male | | | | |
|--|--|--|---------------------|--|
| gin | 🔿 American Indian (including Alaska Native | O Hispanic/Latino | ○ Two or more races | |
| Ethic Origin | ○ Asian | \bigcirc Native Hawaiian or Other Pacific Islander | ○ White | |
| | \bigcirc Black or African American | ○ Other | | |
| Form HR 11.1 002 Application for Unpaid Internship Form structure created June 2012 NC Department of Public Safety, Division of Juvenile Justice | | Page 2 of 2 | | |