

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		
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