

# Graduate Student Intern Application

PLEASE ANSWER ALL QUESTIONS /COMPLETE All SHEETS (APPLICATIONS WILL NOT BE EVALUATED IF INCOMPLETE)

<b>Personal History</b>		<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
MAILING ADDRESS Street			City	State Zip
TELEPHONE NUMBER (WORK) ( ) -	TELEPHONE NUMBER (HOME) ( ) -	E-MAIL ADDRESS		Last 4 Digits of Your Social Security Number
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF NO, ENTER YOUR ALIEN REGISTRATION NUMBER	
ARE YOU OVER 18 YEARS OLD? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I AM INTERESTED IN POSITIONS IN: <b>Albany</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>New York City</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an international student?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible to work in the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have a student Visa, are you eligible for CPT?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently being compensated from any State/SUNY entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
**Students applying with a student visa should be advised that <u>only</u> non-paid credit based internships can be offered, unless other arrangements have been made <u>in advance</u> with your school.			Please Indicate YEAR & SEMESTERS Available (CHECK ALL THAT APPLY)  <input type="checkbox"/> Fall* ____ <input type="checkbox"/> Spring** ____  <input type="checkbox"/> Summer*** ____  *Deadline for Fall: August 1 **Deadline for Spring: December 1 ***Deadline for Summer: May 1	
Answer the following two questions by checking either "Yes" or "No". <input type="checkbox"/> Yes <input type="checkbox"/> No 1. Were you ever dismissed from any public or private employment? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you ever been convicted of any crime in this State or any other jurisdiction?  If your answer to either of these two questions was "YES" provide an explanation here. If you prefer not to provide an explanation on this form, you may be asked to submit a written explanation under separate cover.  NOTE: Neither of the above circumstances represents an automatic bar to employment. Each case is evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which candidate has applied.				
<b>How did you hear about us?*</b> <u>Please specify as clearly as possible</u> * In our ongoing efforts to develop and assess effective recruitment strategies, we ask that you identify the source as specifically as possible.				

*Educational Experience (Please fill out completely, do not simply refer to Resume)*

	Name Of School and Location	Attended		Years Completed	Did You Graduate?	Major Subject	Degree Received
		From	To				
High School							
College, University Or Technical School							
Graduate School							
Memberships Affiliations							

<b>Work Experience</b> <i>Include names, addresses, and telephone numbers of your past employers</i>	<b>Annual Or Hourly Wage</b>	<b>Employed (mo/yr)</b>		<b>Title and Duties Of Your Position</b>
		<b>From:</b>	<b>To:</b>	
Supervisor:				
Supervisor:				
Supervisor:				
Supervisor:				

Yes     No    *May we contact the above employers for a reference?*

<b>Certificates and Licenses</b> Teaching Certificates/Professional Licenses	<b>Permanent Or Provisional</b>	<b>Certificate Or License #</b>	<b>Name of Issuing Agency or State</b>	<b>Effective Date</b>	<b>Expiration Date</b>

<b>COMPUTER EXPERIENCE (Please Describe Your Software Experience &amp; Level of Skill, i.e. Proficient, Intermediate, etc.)</b>	
<b>WORD PROCESSING</b>	
<b>DATABASE</b>	
<b>STATISTICAL</b>	
<b>WORLD WIDE WEB</b>	
<b>WEB PAGE DESIGN</b>	

<b>References</b> <i>(List three people who can attest to your experience)</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 ( ) -
Reference's Title	Reference's Title	Reference's Title
<p>Candidates must be currently enrolled in a masters, law, pre-professional, or doctorate degree program in order to qualify for employment. New York State residency is NOT required. A current copy of your Graduate School transcript (or acceptance letter for first semester graduate students) should be submitted with your application. Candidates are expressly prohibited from employment with both the State Education Department and SUNY system/Legislature/etc. (no dual-employment). Candidates applying with a student visa should be advised that <u>only non-paid credit based internships can be offered.</u></p> <p><i>I affirm that all statements made on this form, including any accompanying papers, are true under penalty of perjury. I further authorize investigation of said statements. Verification of information may be required prior to appointment. I understand that any false statements made on this form or accompanying paper may nullify my appointment or lead to my dismissal.</i></p>		
Signature		Date

**Could you please describe yourself in relation to the position you are seeking? Ultimately, what do you hope to gain through this experience at the New York State Education Department, and what do you believe you have to offer the Department?**

**Please be sure to respond to this question as completely as possible. Should you need additional space, feel free to attach a separate page. Candidates who fail to complete this section will not be considered for appointment.**

**Skills and Proficiencies in Languages Other than English**

If you have skills and proficiencies in a language other than English (e.g., Spanish, Mandarin Chinese, American Sign Language, Braille, etc.), please indicate below.

**Candidate's Name**

**Phone Number** (please include area code)

Street

City, State

Zip Code

**Address**

**E-mail Address**

Please indicate the skills you possess in a language(s) other than English, and the specific area(s) of your proficiency. If you have more than one language and/or proficiency, list all applicable.

Speaking	_____ Language	_____ Language	_____ Language
Reading	_____ Language	_____ Language	_____ Language
Writing	_____ Language	_____ Language	_____ Language

If you have skills in American Sign Language, please check the extent of your proficiency in *your* skill area. Skills levels are indicated in bold. If not applicable, simply leave blank.

American Sign Language	<b><u>Advanced</u></b>	<b><u>Intermediate</u></b>	<b><u>Beginner</u></b>
	Expressive <input type="checkbox"/> Receptive <input type="checkbox"/>	Expressive <input type="checkbox"/> Receptive <input type="checkbox"/>	Expressive <input type="checkbox"/> Receptive <input type="checkbox"/>

Thank you for your participation. It will assist us in providing a welcoming environment for all our colleagues, and an additional capacity for service to a broad range of customers and the communities they represent.

**\*\* We are encouraging** all candidates to email their application to us directly. However, you **must still** provide us with documentation attesting to your graduate status (either electronically, or via regular mail.) **Please mail your supporting documentation to the following address:**

**New York State Education Department**  
**Human Resources Management**  
**Office for Diversity, Ethics & Access**  
**Attn: David Mahoney, [dmahoney@mail.nysed.gov](mailto:dmahoney@mail.nysed.gov)**  
**89 Washington Ave., Albany, NY 12234**  
**Room 530 EB**  
**(518) 486-5943 – phone**  
**(518) 473-3945 – fax**