



State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
PO Box 085
TRENTON, NJ 08625-0085
TELEPHONE: (609) 984-6500

APPLICATION FOR INTERNSHIP

The Division of Criminal Justice requires all potential interns to complete this internship application. In addition to this application, all interns are required to submit the following documents:

- Cover letter
- Resume
- Current official transcript
- Law Students must also submit a legal writing sample

The completed application form and all requested documents should be emailed to: NJDCJInternship@njdcj.org.

** Please be advised all interns must be enrolled in undergraduate, graduate, or law school. In addition, all internships are unpaid positions.*

If you have any questions concerning the application, please contact The Division at NJDCJInternship@njdcj.org or 609-376-2401. **Your application will not be considered complete and will not be processed until all documents are received.** For more information about the Division of Criminal Justice, please visit www.njdcj.org

Privacy Act Notice

You need not provide your social security number at this time; however, you will be required to provide your social security number if you accept an internship. Please note, a background investigation is required for the position for which you are applying, and your social security number will be used as an identifier in performing that investigation. All internship offers are contingent upon satisfactory completion of a confidential background investigation. An internship is not employment and completing an internship does not lead to nor guarantee any future offer of employment.

General Information

Name: _____

Permanent Address:

Mailing Address: _____

Best Contact Number: _____

E-Mail: _____

Social Security Number: _____ - _____ - _____

Undergraduate College/University: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____

Major: _____ Minor: _____ GPA: _____

Degree: _____ Honors: _____

Activities: _____

Law School: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____

Degree: _____ Honors: _____

Activities: _____

Awards: _____

Publications: _____

Civic Activities: _____

Graduate/Professional School: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____

Degree: _____ Honors: _____

Activities: _____

References

Set forth at least two (2) names and addresses of non-relatives, including one professor from your current school. Please provide complete addresses and telephone numbers.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

Miscellaneous

1. Have you ever been disciplined by an Employer, military establishment, or educational institution for improper conduct?

Yes No

2. If yes, please provide an explanation:

(If more room is needed, please attach a separate word document)

Semester Application:

- Spring (January - May)- deadline October 31st
- Summer (June - August)- deadline March 10th
- Fall (September - December)- deadline May 31st

Student Type:

- Law School
- Undergraduate
- Other - Graduate

Location Preference: (not guaranteed):

- Trenton
- Atlantic City
- Cherry Hill
- Whippany
- Cedar Knolls

Please check the appropriate hours per week available for the internship:

- 15 to 24 hours
- 24 to 30 hours
- 30 to 35 hours

Area of Interest (Check all that apply):

- Future Law Enforcement
- Future Attorney
- Future Public Policy
- Open to All Opportunities/Undetermined

Please provide any additional information concerning area of interest: _____

CERTIFICATION

I hereby certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I agree to the terms and conditions set forth herein.

I authorize the Division of Criminal Justice to verify any and all information in my application for an internship.

Print Name

Signature

Date: _____

Address: _____

Telephone: _____

Date of Birth: _____

Soc. Sec. #: _____ - _____ - _____

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REQUEST FOR OFFICIAL SCHOOL TRANSCRIPT

In order for your application to be considered complete, a transcript from the school in which you are currently enrolled must be sent to the Division of Criminal Justice. Please complete this request and send it directly to your college/law school in order to have your transcript forwarded for retention with your application.

I will receive my _____ in _____ on _____
(Degree) *(Major)* *(Graduation Date)*

from _____
(College/University/Professional/Law School)

located at _____
(Address, City, State, Zip)

In connection with my application for an internship, I hereby authorize the Registrar's Office to forward my transcript to NJDCJInternship@njdj.org.

Print Name

Signature

Date: _____