



Career Accelerator Program application

for high school students

PART A: Intern information – to be completed by student/school

Intern name _____ Gender Male Female Phone _____

Intern address _____

City _____ State _____ ZIP _____

U.S. citizen? Yes No Permanent resident? Yes No Date of birth _____

Alien registration # _____ Expiration date _____

Name of school _____ Grade level _____

Student name (printed) _____ Signature _____ Date _____

Parent or guardian (printed) _____ Signature _____ Date _____

Our signatures below indicate that the SLE Coordinator or Cooperative Education Coordinator (CEC) will follow all regulatory requirements. By signing this form, the SLE Coordinator or CEC agrees to act as the intermediary between the New Jersey Department of Labor & Workforce Development and the participant employer.

*SLE coordinator or CEC name (printed) _____ Signature _____ Date _____

School administrator name (printed) _____ Signature _____ Date _____

Email _____

PART B: Employer information

Business name _____ FEIN _____

Employer address _____

City _____ State _____ ZIP _____

Employer contact name _____

Employer contact phone _____ Email address _____

My name and signature below indicate that I agree to the terms of the Internship Grant Program contract.

Employer's name (printed) _____ Signature _____ Date _____

Select the industry area of the internship

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Construction & Energy | <input type="checkbox"/> Finance | <input type="checkbox"/> Health Care | <input type="checkbox"/> Leisure & Hospitality |
| <input type="checkbox"/> Life Sciences | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation, Distribution & Logistics |
| <input type="checkbox"/> Science | <input type="checkbox"/> Technology | <input type="checkbox"/> Engineering | <input type="checkbox"/> Mathematics |

Briefly describe intern's job duties _____

Hourly wage to be paid to intern _____ Number of hours per week _____

Approximate start date _____ Approximate end date _____

* Private schools may have an alternate title for the individual responsible for supervising worksite experiences.

ALL FIELDS above must be filled in completely and accurately prior to the application being considered.

Email application to: Internships@dol.nj.gov



TERMS OF AGREEMENT

The employer agrees:

1. To provide training and supervision to student in order that the student may attain work experience within New Jersey's 12 key industries. The NJ Department of Labor & Workforce Development (LWD) will provide to the employer 50 percent of the student's salary during the Internship period on a cost reimbursement basis. LWD will match employer's contributions up to \$3,000 if the internship is in a STEM field. These match funds cannot be used to satisfy a cost-sharing or matching requirement of another program. Holiday, sick, vacation and overtime are not reimbursable under this program.
2. To employ under this agreement only students enrolled in a high school, college or university who have been certified by LWD as eligible for program services. If the student is attending school outside of the state, the student must maintain residency within New Jersey during the internship period.
3. To ensure that no currently employed worker is displaced by any student in the Career Accelerator Program. No student may be employed under this program if any other individual is on layoff from the same or equivalent job or when the employer has terminated any regular employee without cause or otherwise reduced its workforce with the intention of filling the vacancy so created by hiring a student whose wages are subsidized by this program. No student who is directly related to a supervisor or the employer may be employed.
4. To electronically acknowledge the contract application and supporting payroll documentation to LWD for the 50 percent reimbursement of the student's wages. To cooperate with LWD in evaluating the progress of the student participant, and in such cases where termination is determined by the employer to be warranted, to contact LWD before termination.
5. That this contract is being entered into with the expectation and understanding that upon the student's graduation, the employer will consider employment of student intern. That if, for any reason, the student would not be considered for employment, the employer may be required to submit documentation to LWD.
6. That nothing herein alters the nature of the employment relationship (at-will or other) between the student and the employer. However, if LWD determines that the employer has breached any of the provisions of this agreement, LWD may refuse payment of any invoice(s) and may seek reimbursement of funds paid to the employer by LWD under this contract.
7. To comply with all federal and state laws and regulations including, but not limited to, the minimum wage rate of \$10 per hour, the requirement that the employer provide workers' compensation protection for the student participant and the requirement that the employer not discriminate against any person who is employed in the work covered by this contract or against any applicant for such employment because of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, familial status, disability, nationality, sex, gender identity or expression or source of lawful income used for rental or mortgage payments, subject only to conditions and limitations applicable alike to all persons.

By electronically acknowledging the Internship contract application and submission of payroll documentation for a Career Accelerator program participant, the employer hereby covenants and agrees to the general provisions outlined above.

