



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 an internship application and a confidential background investigation package. The completed application form and requested documents should be **emailed** to: NJDCJInternship@njdcj.org

Please request your transcript be sent electronically to: NJDCJInternship@njdcj.org

If electronic transmission is not possible, please notify the Internship Coordinator, and list this address when requesting your transcript:

Attn: DCJ Internship Coordinator
Division of Criminal Justice
Richard J. Hughes Justice Complex
25 Market Street
P.O. Box 085
Trenton, NJ 08625-0085

If you have any questions concerning the application, please contact The Division at NJDCJInternship@njdcj.org or (609) 376-2378. **Your application must include your school transcript (see page 6 of the application.) Legal Interns must also include a legal writing sample. Your application will not be considered complete and will not be processed until these 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 but, it is requested as a convenience to the appointing authority in assembling personal data relating to your employment. You will, however, be required to provide your social security number if you accept an offer of employment. Your social security number will be used to satisfy requirements under the Internal Revenue and Social Security Acts of the United States. Also, 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.

Name: _____

Permanent Address: _____

Telephone: _____ Cell: _____

Mailing Address: _____

E-Mail: _____

Best Contact Number: _____

Social Security Number: _____

Semester Application:

- Spring (January - April)
- Summer (June -August)
- Fall (September - December)

- Law School
- Undergraduate

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

- 7 to 14 hours
- 14 to 30 hours
- 30 to 35 hours

Area of Interest (Check all that apply and circle your location preference)

- Appellate Bureau (Trenton)
- Casino Crime/Atlantic City Task Force (Atlantic City)
- Computer Crimes (Hamilton, Cherry Hill, Whippany)
- Corruption and Government Fraud (Trenton, Cherry Hill, Whippany)
- DCJ Training Academy (Sea Girt)
- Evidence/Electronic Surveillance (Trenton)
- Financial Crimes (Trenton, Whippany, Cherry Hill)
- Gangs/Organized Crime (Trenton, Whippany, Cherry Hill)
- Human Trafficking Task Force (Trenton, Cherry Hill)
- Insurance Fraud Prosecution (Trenton, Whippany)
- Motor Vehicle Commission (Trenton)
- Police Training Commission (Trenton)
- Prosecutors Supervision & Training Bureau (Trenton)
- Specialized Crimes: Auto Theft Task Force, Bias Crimes, Cargo Theft
Environmental Crimes, Labor Prosecutions (Trenton, Cherry Hill, Whippany)
- Victims of Crime Compensation Office (Newark, Trenton)
- Office of Victim Witness Advocacy (Trenton)
- Office of Law Enforcement Professional Standards (Trenton)

Of the areas selected above, please provide additional information to assist the Division in accommodating your request if chosen for an internship.

COLLEGE/UNIVERSITY: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____

Major: _____ Minor: _____ GPA: _____

Degree: _____ Honors: _____

Activities: _____

Graduate School: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____

Degree: _____ Honors: _____

Activities: _____

Law School: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____

Degree: _____ Honors: _____

Activities: _____

Awards: _____

Publications: _____

Civic 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.

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Miscellaneous (Please use separate sheet to explain “yes” answers.)

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

Yes

No

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 internship.

Signature (include Maiden Name)

Date: _____

Address: _____

Telephone: _____

Date of Birth: _____

Soc. Sec. #: _____

ACKNOWLEDGEMENT OF FERPA CLAUSE

To the extent applicable, the Parties will comply with the provisions of the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. § 1232g, with respect to the confidentiality of student educational records ("educational records"). Pursuant to FERPA, the School/College/University designates the Division as a University official with a legitimate educational interest in the educational records of the participating student(s), to the extent that access to the University's records is required by the Division to carry out the internship program. The School/College/University represents that the Division meets the definition of "University official" as defined by the School's annual FERPA disclosure provided to students. To the extent the Division receives, creates, or maintains student education records, such as, but not limited to, Intern performance evaluations, it shall comply with the applicable provisions of FERPA. The School/College/University will have sole responsibility for maintaining a record of and providing access to Intern evaluation forms and any other educational record provided by the Division. Any request for access to educational records maintained by the Division pursuant to this Agreement will be routed through the School/College/University. The School/College/University will be responsible for complying with student record access and record keeping requirements, as set forth in 20 U.S.C. § 1232g (b)(4)(A).

I, _____, have reviewed the above FERPA Clause, and acknowledge that
(Print Name)

I understand the above clause.

STUDENT SIGNATURE

DATE

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/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:

Attention: DCJ Internship Coordinator
Division of Criminal Justice
Richard J. Hughes Justice Complex
25 Market Street
P.O. Box 085
Trenton, NJ 08625-0085

Signature: _____ Date: _____

Print Name: _____

STATE OF NEW JERSEY AFFIRMATIVE ACTION INFORMATION FORM

To Be Completed By Applicant
Not For Interview Purposes
To Be Filed Separately With
Affirmative Action Officer

The *State of New Jersey* seeks to increase the richness and diversity of its workforce and in doing so become the employer of choice for all people seeking to work in State government. In order to judge the effectiveness of our efforts to attract and employ a diverse workforce, as well as comply with Federal and State reporting requirements, we ask that you take the time to answer a few brief questions.

This form is not part of your application for employment and will not be considered in any hiring decision. Any information submitted on this form will be considered confidential and will be filed separately by the agency's affirmative action officer.

The *State of New Jersey* is an equal opportunity employer. The *New Jersey State Policy Prohibiting Discrimination in the Workplace* provides that applicants for employment are considered without regard to race, creed, color, national origin, nationality, ancestry, sex/gender, affectional or sexual orientation, gender identity or expression, age, marital status, civil union status, domestic partnership status, familial status, religion, atypical heredity cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States or disability.

APPLICANT NAME: (Last, First, M)	APPLICANT ADDRESS:

POSITION(S) APPLIED FOR:

DATE:	DIVISION:	GENDER: <div style="text-align: right; margin-top: 5px;">Male Female</div>
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A. Ethnicity: (Please Select One)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	Not Hispanic or Latino
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B. Race: (Please Select one)

<p>American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.</p> <p>Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</p>	<p>Black or African American: A person having origins in any of the black racial groups of Africa.</p> <p>Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>
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The EEOC has recently updated its data collection requirements to allow employees who may be of two or more races to identify themselves. If you are of more than one race please identify them below.

C. Two or More Races: (If applicable, select the two or more races with which you identify)

<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
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If you require an accommodation for the interview process please advise the HR representative at the department where you are applying for the job.

REFERRAL SOURCE:
How did you learn of this position? _____