



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, cover letter, resume, official transcript, and writing sample (law students only). **The completed application form and requested documents should be emailed to:**
NJDCJInternship@njdcj.org

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 official 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.njoag.gov.

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 for an internship, as it will be used as an identifier for the background investigation this position requires. All internship offers are contingent upon satisfactory completion of a confidential background investigation. Your social security number will be used to satisfy requirements under the Internal Revenue and Social Security Acts of the United States.

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: _____
Relationship to Applicant: _____

2. Name: _____ Telephone: _____
Address: _____
Relationship to Applicant: _____

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)

Summer (June - August)

Fall (September – December)

Student Type:

Law School

Undergraduate

Other – Professional

Student Year: (if summer applicant, answer with the last year completed)

Freshman Graduate Student

Sophomore 1L

Junior 2L

Senior 3L

Location Preference: (not guaranteed)

Virtual Only

Trenton

Atlantic City

Cherry Hill

Whippany

Cedar Knolls

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 you location preference):

Appellate Bureau (Trenton)

Major Threats Bureau

- Human Trafficking (Atlantic City, Whippany)
- Auto Theft (Trenton, Whippany, Cherry Hill)
- Fentanyl Reduction (Trenton, Whippany, Cherry Hill)
- Gun Trafficking and Gun Violence (Trenton, Whippany)

General Crimes Bureau (Atlantic City, Cherry Hill, Whippany)

Cyber Crimes Bureau

- Child Protection Task Force & Cyber Investigations (Trenton, Cherry Hill, Whippany)
- DCJ Computer Forensics Lab (Trenton, Whippany)

Environmental Bureau (Trenton)

Bias Bureau (Whippany)

Forfeiture Bureau (Cherry Hill)

Prosecution Supervision Bureau (Trenton)

Office of Securities Fraud & Financial Crimes

Prosecution (Trenton, Cherry Hill, Newark)

CODIS (Trenton)

Office of Insurance Fraud Prosecution (OIFP)

(Trenton, Whippany)

Office of Public Integrity & Accountability

- Corruption (Trenton, Cherry Hill, Whippany)
- Conviction Review (Trenton, Cherry Hill, Cedar Knolls)
- Integrity Bureau (Trenton, Cherry Hill, Cedar Knolls)

OPRA (Trenton)

State Office of Victim Witness Advocacy (SOVWA) (Trenton)

Domestic Violence & Sexual Violence Law Enforcement Services & Training Bureau

- Records & ID (Trenton)
- Training Academy (Sea Girt)
- Evidence Management
- Electronic Surveillance
- Body Worn Cameras
- Firearms

Trial Bureau (Cherry Hill, Whippany)

Police Training Commission (Trenton)

Of the areas selected above, please provide additional information to assist the Division in accommodating your request if chosen for an internship. Helpful information includes, but is not limited to your top 3 choices, and location preferences.

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@njdcj.org.

Print Name

Signature

Date: _____