



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**

If you are unable to send your transcript to the above listed email address, please 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.

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: _____

[illegible]

(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

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 your location preference)

- | | |
|---|---|
| <input type="checkbox"/> Appellate Unit (Trenton) | <input type="checkbox"/> Office of Insurance Fraud Prosecutor (OIFP)
(Trenton, Whippany) |
| <input type="checkbox"/> Auto Theft Task Force Unit | <input type="checkbox"/> Office of Public Integrity and Accountability
(OPIA) (Cedar Knolls, Cherry Hill, Trenton) |
| <input type="checkbox"/> Bias Crimes/Sensitive Victims Unit | <input type="checkbox"/> Office of Securities Fraud & Financial Crimes
Prosecutions (Cherry Hill, Trenton, Whippany) |
| <input type="checkbox"/> Casino Unit (Atlantic City) | <input type="checkbox"/> Operations Unit (Trenton) |
| <input type="checkbox"/> Clergy Abuse Task Force Unit | <input type="checkbox"/> OPRA Unit (Trenton) |
| <input type="checkbox"/> Cyber Crimes Unit (Cherry Hill, Trenton, Whippany) | <input type="checkbox"/> Prosecutors Supervision Unit (Trenton) |
| <input type="checkbox"/> DCJ Academy (Sea Girt) | <input type="checkbox"/> Police Training Commission (PTC) (Trenton) |
| <input type="checkbox"/> DCJ Services Unit (Trenton) | <input type="checkbox"/> Records & ID Unit (Trenton) |
| <input type="checkbox"/> DV/DV Policy & Training Unit (Trenton) | <input type="checkbox"/> Special Projects/Policy Unit (various) |
| <input type="checkbox"/> Environmental Unit (Trenton) | <input type="checkbox"/> State Office of Victim Witness Advocacy (Trenton) |
| <input type="checkbox"/> Forfeiture Unit (Cherry Hill, Trenton, Whippany) | <input type="checkbox"/> Statewide Law Enforcement Training Unit
(Trenton) |
| <input type="checkbox"/> Human Trafficking/Sexual Violence Unit
(Cherry Hill, Trenton) | <input type="checkbox"/> Violence Suppression & Organized Crime Unit
(Cherry Hill, Trenton, Whippany) |
| <input type="checkbox"/> Labor & Worker Protection Unit (Trenton) | |
| <input type="checkbox"/> Motor Vehicle Commission Unit (Trenton) | |

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

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:

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

Print Name

Signature

Date: _____