

Work Location (determined by SPB)



Date Received: \_\_\_\_\_  
Date Sent to OPS: \_\_\_\_\_

**New Jersey State Parole Board  
Internship Program  
Application Checklist**

Please initial that the required information is contained in this packet. Sign, date and send complete packet via scan to [spb-studentinternships@spb.nj.gov](mailto:spb-studentinternships@spb.nj.gov) or mail to: **NJSPB Internship Program**  
**P.O. Box 862, Trenton, NJ 08625**

<b>Print Name:</b>			
<b>Initial</b>	<b>APPLICATION CHECKLIST</b>		
	I completed, signed and dated the <i>Internship Program Application</i> (pages 1-4).		
	I completed, signed and dated the Internship Program OPS “ <i>Waiver Release Confidential Information</i> ” (pages 1-2).		
	I have signed and dated the Internship Program “ <i>Authorization to Release Confidential Information.</i> ”		
	I signed and dated the Internship Program “ <i>Records Release Authorization</i> ” <b>in the presence of a Notary Public</b> who certified my signature with embossed seal or stamp.		
	I included an <b>enlarged copy</b> of my <b>Social Security Card</b> and <b>Driver’s License</b> and <b>School I.D.</b>		
	I read the Internship Program “ <i>Rules and Responsibilities,</i> ” signed and dated the acknowledgment form, and kept the list of “Rules and Responsibilities” for my records.		
<b>Mark “X” below next to all that apply</b>			
	<b>APPLICATION FOR</b>	<b>INTERNSHIP BEGINS ON OR AFTER</b>	<b>APPLICATION DUE DATE (NOT ACCEPTED AFTER)</b>
	<b>Fall Semester</b>	<b>September 1</b>	<b>July 15</b>
	<b>Spring Semester</b>	<b>January 15</b>	<b>October 15</b>
	<b>Seeking Academic Credit</b>	<b>Professor’s Name</b>	
	<b>Major:</b>	<b>Email Address</b>	
	<b>Experience Only - No Credit</b>		
<b>INTEREST OR PREFERENCE (ENTER 1 OR 2 = 1<sup>ST</sup> AND 2<sup>ND</sup> CHOICE)</b>			
	<b>Division of Parole Statewide (law enforcement)</b>	<b>Division of Release Institutions (civilian)</b>	<b>Central Office Operations Trenton (civilian)</b>
	DO 1 Passaic	EJSP – Rahway	Community Affairs Unit
	DO 3 Neptune	NJSP – Trenton	Division of Release
	DO 4 Jersey City	NSP – Newark	Revocation Unit
	DO 6 Trenton	SWSP – Bridgeton	Legal Support Unit
	DO 7 Camden		Human Resources Unit
	DO 8 Pleasantville		Employee Relations Unit
	DO 10 Bridgeton		Fiscal Services Unit
	DO 11 New Brunswick		Information Technology Unit
<b>My signature below affirms I have reviewed this application and all information is true and complete.</b>			
<b>Applicant Signature:</b>			<b>Date:</b>



## NEW JERSEY STATE PAROLE BOARD

### INTERNSHIP PROGRAM APPLICATION

(please print)

#### PART I

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I. / Maiden

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
MM/DD/YYYY City County State

Sex: ☐ Female ☐ Male SSN: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

Place of Residence during Requested Internship Period (*if different from above*):

Address: \_\_\_\_\_  
Street City State Zip

College/University: \_\_\_\_\_ Major: \_\_\_\_\_

Grade Level in School: \_\_\_\_\_ Actual/Expected Graduation Date: \_\_\_\_\_  
MM/YYYY

Cumulative GPA: \_\_\_\_\_

U.S. Citizen ☐ Yes ☐ No Years of Residence in NJ \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle License Plate # \_\_\_\_\_ State \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issued: \_\_\_\_\_

Type of Internship: ☐ Academic Credits ☐ Experience Only

(For Credit Only) School Contact: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you previously applied for an internship with the NJSPB? ☐ Yes ☐ No

If so, when? \_\_\_\_\_

Number of Days (per week) Available to Work: \_\_\_\_\_



**What, if anything, do you know about Parole?:** \_\_\_\_\_

---

---

---

**Briefly state why you wish to intern with the NJSPB:** \_\_\_\_\_

---

---

---

**Special skills, interests, hobbies:** \_\_\_\_\_

---

---

**Current employment and organizations to which you belong:** \_\_\_\_\_

---

---

**Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home #** \_\_\_\_\_

\_\_\_\_\_ **Work #** \_\_\_\_\_

\_\_\_\_\_

**Contact's Relationship to Applicant:** \_\_\_\_\_



## Criminal History

**You must acknowledge all arrests and convictions (adult and juvenile).** Having a conviction does not automatically preclude you from an internship with the SPB. However, failure to disclose any criminal history will automatically result in your application being denied.

### PART II

1. Have you ever been arrested? ☐ Yes ☐ No

2. Have you ever been adjudicated/convicted of any offense/crime? ☐ Yes ☐ No

If yes, please give details. Include month, year, court, and charges:

---

---

---

3. Do you have relatives (by blood or marriage) or friends incarcerated in any New Jersey state or county correctional facility? ☐ Yes ☐ No

If yes, please provide name(s), inmate number, correctional facility, and nature of relationship to the individual(s).

---

---

4. Are you currently on an approved visitors list of an offender incarcerated in any New Jersey correctional facility? ☐ Yes ☐ No

If yes, please provide name(s), inmate number, correctional facility, and nature of relationship to the individual(s).

---

---

5. Do you have any relatives (by blood or marriage) or friends currently under parole supervision in New Jersey or any other state in the US? ☐ Yes ☐ No

If yes, please provide name(s), the District Office he/she reports to, and nature of relationship to the individual(s).

---

---

6. Do you have any physical limitations that may impact your ability to serve in the internship program? ☐ Yes ☐ No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PART III**

**IT IS MANDATORY THAT YOU SUBMIT AN ENLARGED COPY OF YOUR VALID DRIVER'S LICENSE AND YOUR SOCIAL SECURITY CARD WITH YOUR APPLICATION.**

**Prior to approving individuals for an internship, the SPB Office of Professional Standards (OPS) shall conduct a criminal history background verification. Once your criminal history background verification has been completed, you will be notified whether your application has been approved or denied. If approved, you will be scheduled to attend a mandatory orientation and obtain a SPB IP Photo Identification Card. You will not be permitted to start your internship until you have completed the orientation and have your Photo ID. You are required to wear the ID at all times when working or visiting a SPB facility or program, or when authorized by the SPB to attend a conference, seminar, etc.**

I hereby waive my right to privacy of records to allow SPB OPS to conduct a criminal history background verification. I understand that all information will be kept confidential. I acknowledge that the information contained in this application is true and accurate. If approved to participate in the SPB Internship Program, I will adhere to all policy and procedures governing this program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Philip D. Murphy**  
Governor

**Tahesha L. Way**  
Lt. Governor

**State of New Jersey**  
**New Jersey State Parole Board**  
171 Jersey Street, Bldg. 2  
P.O. Box 862  
Trenton, New Jersey 08625  
Tel: (609) 376-0208 Fax: (609) 984-6322

**Samuel J. Plumeri, Jr.**  
Chairman

**Ronald L. Slaughter**  
Vice Chairman

**OFFICE OF PROFESSIONAL STANDARDS**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

**SECTION 1:**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Last First Middle

AKA (if applicable) \_\_\_\_\_ Maiden Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

**IT IS MANDATORY TO SUBMIT A COPY OF YOUR ENLARGED VALID DRIVER'S LICENSE AND ENLARGED SOCIAL SECURITY CARD WITH YOUR APPLICATION.**

**RETURN YOUR COMPLETED AUTHORIZATION, ALONG WITH THE COMPLETED APPLICATION FOR EMPLOYMENT TO: STATE PAROLE BOARD, HUMAN RESOURCES UNIT, PO BOX 862 TRENTON, NJ 08625.**

**SECTION 2:**

**To Whom It May Concern:**

I hereby authorize all pertinent agencies to furnish the New Jersey State Parole Board with any and all information regarding me, at their request, to determine my suitability for employment.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**(ORIGINAL SIGNATURE IS REQUIRED)**

## SECTION 3:

Have you ever been arrested; charged on a summons or warrant complaint; indicted; adjudicated delinquent or convicted of a criminal, disorderly persons, petty disorderly persons or misdemeanor offense in any jurisdiction? (For the purpose of this question, the word "arrested" includes, but is not limited to: any detaining or taking into custody by any police or any other law enforcement authorities or processing to include fingerprinting, photographing or lodging in a holding or correctional facility)?

YES ☐ NO ☐

If yes, please provide outcome/disposition for ALL such matters including date of offense, and jurisdiction. A failure to disclose and/or withhold any arrest information will likely result in rejection of your application for employment. Having been arrested will not necessarily preclude you from possible employment.

If you answered yes to the above question, please supply the following information (If necessary use additional paper).

You are required to list all arrests. Arrests are different from convictions. Words such as "conviction", "not guilty" or "dismissal" are the result of the arrest and should be listed in the column labeled, "Disposition." You must list the original offense for which you were arrested.

Example:

Nature of Charge, Arrest or Conviction	Date of Incident	Age at the Time of the Incident	Name and Address of Police Agency and Court	Disposition
<i>Arrested for Aggravated Assault</i>	<i>June 10, 1995</i>	<i>19</i>	<i>Newark Police Department Essex County Superior Ct</i>	<i>Convicted of Assault</i>

In this example, the original charge was aggravated assault and thus "aggravated assault" not "assault" is listed in the charge column. The applicant in this example was convicted of assault and thus "assault" is listed in the "Disposition" column. Dates and names of the arresting authority must be accurate, do not abbreviate. If you are not sure of any of the charge dates, arrest, etc., indicate "Not Sure" on your application.

Nature of Arrest

Name and Address of

Disposition

Date of Arrest

Court or Police Agency

---



---



---



---



---



---

Do you currently have any relatives or friends on parole? YES ☐ NO ☐

If yes, identify name and/or D.O. \_\_\_\_\_

---

Are you currently on any visitors list at any correctional facilities? YES ☐ NO ☐

If yes, where? \_\_\_\_\_

Do you presently have any criminal charges pending against you in any jurisdiction? YES ☐ NO ☐

If so, please provide details: \_\_\_\_\_

---

Do you have any birthmarks, scars or tattoos? Provide description(s) and location(s) \_\_\_\_\_

---

---

---

Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(ORIGINAL SIGNATURE REQUIRED)**

SECTION 4:

A criminal history check has been completed by:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_





## NEW JERSEY STATE PAROLE BOARD

### INTERNSHIP PROGRAM

#### **Authorization to Release Confidential Information**

(Please complete this form in the presence of a witness who will include his/her signature.)

I, \_\_\_\_\_, hereby give permission to the New Jersey State Parole Board Internship Program Review Committee, or designee, to release information contained within my Internship Program Application to my internship supervisor. This information is significant in determining the most appropriate work location for an internship with the SPB and provides insight with regards to my supervision needs. This release is to be effective until revoked by me, in writing, or when my scheduled internship is completed.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Information contained in this application is confidential and will only be used during the application process.



**NEW JERSEY STATE PAROLE BOARD**  
**INTERNSHIP PROGRAM**

**Records Release Authorization**

(Please complete this form in the **presence of a Notary Public** who will include a stamp or seal.)

I, \_\_\_\_\_, hereby authorize the release of all information regarding me to the New Jersey State Parole Board, Office of Professional Standards for the purpose of conducting a criminal history background verification. This includes, but is not limited to, any violations of the Criminal Code of this State or any other Jurisdiction (such as: offenses, crimes, misdemeanors, and felonies) in order to determine my suitability for the SPB Internship Program.

This release is to be effective until revoked by me, in writing, or when my scheduled internship is completed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Provide SEAL/STAMP here

\_\_\_\_\_  
*Notary Public of New Jersey*



## **NEW JERSEY STATE PAROLE BOARD**

### **INTERNSHIP PROGRAM**

### **Rules and Responsibilities**

(Do not return this page with your application. Please keep for your records.)

1. I agree to abide by all rules and regulations set forth by the SPB.
2. I agree that my services are strictly voluntary, for which I shall not receive any money, gifts, or compensation.
3. I understand my attendance will be scheduled, and I agree to abide by said schedule.
4. I agree to complete a minimum of 100 hours of volunteer service during my internship period.  
In addition, I agree to complete any requirements set forth by my college or university in order to receive academic credits.
5. I will not exchange gifts, monies, personal services or other favors with any offender or offender's family or relatives.
6. I agree to notify my SPB supervisor of possible violations of supervision by an offender.
7. I will not engage in any volunteer activity under the influence of alcohol, narcotics, or illicit drugs.
8. I will not indulge in undue familiarity with offenders or permit offenders to be unduly familiar with me.
9. I will not extend the period of internship without the approval of the SPB.
10. I will keep confidential, all information regarding SPB matters and all offenders.
11. I will not remove any case material from any SPB facility.
12. I will not attempt to visit any state or county correctional facility without the specific approval of my SPB supervisor.
13. I will not participant in any SPB law enforcement activity.
14. I will attend a mandatory orientation prior to beginning my internship.
15. I will obtain and wear a SPB Internship Program Identification Card at all times.
16. I will discuss with my SPB supervisor or Internship Program Review Committee any rule or responsibility I do not understand.



## NEW JERSEY STATE PAROLE BOARD

### INTERNSHIP PROGRAM

### **Rules and Responsibilities Acknowledgement**

I, \_\_\_\_\_, acknowledge that I have read and understood the Internship Program Rules and Responsibilities governing my participation as an intern with the SPB. I understand that if I violate any of these rules or responsibilities I will be terminated from the internship with the SPB.

I further acknowledge that prior to beginning an internship with the SPB I must:

- Submit to a criminal history background verification;
- Complete SPB orientation regarding the policies and regulations of the SPB, relating to security and confidentiality of offender information regarding the offenders and the SPB;
- Obtain and wear my SPB Internship Program Photo Identification Card at all times, acknowledging that I may be denied access to programs or facilities if I should fail to wear or present this ID.
- Further agree to abide by all SPB policies, especially those regarding confidentiality and self-disclosure.

Providing my signature below confirms that I accept the terms offered by the SPB Internship Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and date.**

**Keep the Rules and Responsibilities and a copy of this form for your records.**