The Third Legislative District of New Jersey
Application for an Internship

Senate President Stephen M. Sweeney
Assembly Deputy Speaker John J. Burzichelli
Assemblywoman Celeste M. Riley

Kingsway Commons – 935 Kings Highway – Suite 400– West Deptford, NJ 08086 – Phone: 856-251-9801 – Fax: 856-251-9752

Today's Date: _____

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street Address) (City) (State) (Zip)

Home Address (if different from above): _____
(Street Address) (City) (State) (Zip)

Home Phone: _____ **Cell:** _____ **Email:** _____

College you are attending: _____ **Date Available to Start:** _____

Year in College: _____ **Major:** _____ **Minor:** _____

Is your internship for credit? (Please Circle) **Yes** **No**

If yes, how many credit hours do you need to complete? _____
Who is your internship advisor/professor? _____

Do you have reliable means of transportation? (Please Circle) **Yes** **No**

Have you ever been convicted of a felony or misdemeanor? (Please Circle) **Yes** **No**
If yes, please explain: _____

EMPLOYMENT RECORD

Please list your last last/current employer.

Employer	Dates	Job Duties	Salary	Reason For Leaving
Name:	**From:**		**Start:**	
Phone:				
Address:	**To:**		**End:**	
Supervisor:				

May we contact this employer? (Please Circle) **Yes** **No**
If no, please explain: _____

REFERENCES

Do not list friends or family members

Name	Occupation	Address	Phone Number and Email address

List any skills you think will be beneficial to us: _____

I certify that the information on this application is true and correct to the best of my knowledge. If I am giving a position on the basis of any misstatement herein, I shall be subject to removal.

_____ _____
Signature Date