



# The Third Legislative District of New Jersey

## Application for an **Internship**

*Senate President Stephen M. Sweeney  
Assembly Deputy Speaker John J. Burzichelli  
Assemblyman Adam J. Taliaferro*

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

College you are attending: \_\_\_\_\_

Which semester are you applying for an internship?: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Year in College: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

GPA: \_\_\_\_\_ Expected year of graduation: \_\_\_\_\_

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

### EMPLOYMENT RECORD

*Please list your last/current employer*

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

### REFERENCES

*Do not list friends or family members*

Name	Occupation	Address	Phone Number and Email

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

**With this completed application, please include a copy of your resume and a writing sample.**