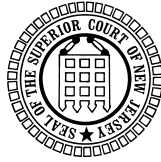


# SUPERIOR COURT OF NEW JERSEY ESSEX VICINAGE



## INTERNSHIP PROGRAM

### PROBATION DIVISION

#### **DESCRIPTION OF INTERNSHIP:**

The Probation Division is seeking student interns. Within the limits imposed by the court rules and practices, Interns will provide assistance in routine office tasks, as well as study and participate in actual client contacts, which is one of the core functions of probation. Interns will be closely supervised at all times by a probation staff member who will, through the Staff Development Office, maintain regular contact with the faculty sponsor.

#### **DURATION OF THE PROGRAM:**

A commitment of at least 10 hours per week or 100 hours per semester is desired.

#### **ELIGIBILITY REQUIREMENT:**

Students of any major are eligible, however, students majoring in criminal justice, psychology or social or behavioral sciences are preferred. Strong analytical, communication and interpersonal skills required.

#### **STIPEND:**

No stipends are available, however academic credit can be arranged with sponsoring schools.

#### **APPLICATION PROCESS:**

Submit your resume with cover letter stating your area(s) of interest and day/hours of availability to:

Mary Rector, Administrative Specialist  
Superior Court of New Jersey – Essex Vicinage  
Probation Services  
60 Evergreen Place  
East Orange, New Jersey 07018  
Phone: 973-395-3182 / Fax: 973-395-3071  
[Mary.Rector@judiciary.state.nj.us](mailto:Mary.Rector@judiciary.state.nj.us)



**New Jersey State Judiciary**  
An Equal Opportunity Employer

# UNPAID INTERNSHIP APPLICATION

**Print legibly. Complete Items 1 through 20 and sign application. Use additional sheets if necessary.**

|   |                        |                             |            |
|---|------------------------|-----------------------------|------------|
| <b>1. TYPE OF INTERNSHIP APPLIED FOR:</b> |                        | <b>2. ANNOUNCEMENT NO.:</b> |            |
| <b>3. LAST NAME:</b>                      | <b>FIRST NAME:</b>     | <b>MIDDLE NAME:</b>         |            |
| <b>4. HOME PHONE:</b>                     | <b>BUSINESS PHONE:</b> | <b>CELLULAR PHONE:</b>      |            |
| <b>5. STREET ADDRESS:</b>                 | <b>CITY</b>            | <b>STATE</b>                | <b>ZIP</b> |
| <b>COUNTY</b>                             | <b>E-MAIL ADDRESS:</b> |                             |            |
| <b>5A. EMERGENCY CONTACT NAME</b>         |                        | <b>NUMBER</b>               |            |

**6. a. Are you OVER 18 years old?**  
(If under 18 and offered an unpaid internship, you will be required to submit working papers, which can be obtained from the N.J. Department of Labor or the high school you are currently attending.)  Yes  No

**b. Are you eligible to work in the U.S. according to Department of Homeland Security regulations?**  Yes  No

**c. Have you ever worked or been educated under a different name? If yes, specify**  Yes  No

**d. Do you possess a driver's license that is valid in New Jersey?** (Answer this question only if it is a requirement as indicated on the internship announcement.)  Yes  No

**7. HAVE YOU EVER BEEN CONVICTED OF/FOUND GUILTY OF/PLED GUILTY TO ANY CRIME OR NON-CRIMINAL OFFENSE, INCLUDING DISORDERLY OR PETTY DISORDERLY PERSONS OFFENSES, AND OFFENSES WHERE THE RECORD WAS EXPUNGED, BUT EXCLUDING MOTOR VEHICLE OFFENSES?** (If yes, please see question # 8 below)  Yes  No

Please note that as a condition of the internship, applicants not currently employed by the New Jersey Judiciary will be fingerprinted, and a computerized criminal history check will be performed. Any false statements or purposeful omissions will be grounds for rescission of any offer of internship.

**8. If you checked yes for item 7, give details of each conviction and disposition below.**  
The Judiciary is entitled to obtain information regarding expunged records of those seeking employment or an internship pursuant to *N.J.S.A. 2C:52-27(c)*. A conviction will not necessarily preclude you from an internship but will not preclude denial of the internship for position-related reasons, such as where the conviction(s) relates adversely to the internship sought.

**9. How did you learn about this internship opportunity?**

- Judiciary job/internship posting bulletin board
  Internship posting mailed to me  
 Newspaper or journal ad \_\_\_\_\_
  Internet site \_\_\_\_\_  
 Referral from \_\_\_\_\_
  Other \_\_\_\_\_

**10. COLLEGE AND GRADUATE SCHOOL**

List any colleges, universities and graduate schools that you have attended.

| Name and Location | Dates Attended<br>Mo / Yr        | Credit Hours<br>Completed | Major Area of Study | Type of<br>Degree | Graduated  |
|-------------------|----------------------------------|---------------------------|---------------------|-------------------|--|
|                   | From: ___ / ___<br>To: ___ / ___ |                           |                     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   | From: ___ / ___<br>To: ___ / ___ |                           |                     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   | From: ___ / ___<br>To: ___ / ___ |                           |                     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   | From: ___ / ___<br>To: ___ / ___ |                           |                     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**11. OTHER SCHOOLS OR TRAINING COURSES**

Include business, vocational, technical, and other schools you have attended that are related to the internship for which you are applying. If it was not a full time curriculum, be specific as to the number of hours attended.

| Name and Location | Dates Attended<br>Mo / Yr        | Subjects or Courses | Course Completed   |
|-------------------|----------------------------------|---------------------|--|
|                   | From: ___ / ___<br>To: ___ / ___ |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   | From: ___ / ___<br>To: ___ / ___ |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   | From: ___ / ___<br>To: ___ / ___ |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**12. Do you have any license, certificate, registration, craft or skill, including a machine or equipment operating skill, which relates to the internship for which you are applying?**

Yes  No

If yes, provide a brief description in the space below.

**13. LIST ALL EMPLOYMENT**

Start with present or last position and work back. Include military and volunteer experience. Please complete in full and attach additional sheets as necessary, even though you may also attach a resume.

| EMPLOYER'S NAME AND ADDRESS | POSITION TITLE        | DATES (Mo / Yr)<br>From: _____ / _____<br>To: _____ / _____  | SALARY OR WAGE<br>Starting _____<br>Ending _____ |
|-----------------------------|-----------------------|--|--|
| SUPERVISOR'S NAME           | TELEPHONE NUMBER      | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time      Hours per Week _____ |  |
| REASON FOR LEAVING          | DESCRIPTION OF DUTIES |  |  |

|                                    |                              |                         |  |   |
|------------------------------------|------------------------------|-------------------------|--|---|
| <b>EMPLOYER'S NAME AND ADDRESS</b> |                              | <b>POSITION TITLE</b>   | <b>DATES (Mo / Yr)</b><br>From: _____ / _____<br>To: _____ / _____                                 | <b>SALARY OR WAGE</b><br>Starting _____<br>Ending _____ |
| <b>SUPERVISOR'S NAME</b>           |                              | <b>TELEPHONE NUMBER</b> | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time      Hours per Week _____ |   |
| <b>REASON FOR LEAVING</b>          | <b>DESCRIPTION OF DUTIES</b> |                         |  |   |

|                                    |                              |                         |  |   |
|------------------------------------|------------------------------|-------------------------|--|---|
| <b>EMPLOYER'S NAME AND ADDRESS</b> |                              | <b>POSITION TITLE</b>   | <b>DATES (Mo / Yr)</b><br>From: _____ / _____<br>To: _____ / _____                                 | <b>SALARY OR WAGE</b><br>Starting _____<br>Ending _____ |
| <b>SUPERVISOR'S NAME</b>           |                              | <b>TELEPHONE NUMBER</b> | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time      Hours per Week _____ |   |
| <b>REASON FOR LEAVING</b>          | <b>DESCRIPTION OF DUTIES</b> |                         |  |   |

**14. Do you have any objection to our inquiries of the above employers regarding your employment? If yes, please explain.**       Yes     No

**15. Have you ever been employed by the NJ Judiciary, other than as previously noted in question #13, or served an unpaid internship with the NJ Judiciary? If yes, please list locations, titles and dates.**       Yes     No

**16. Are you engaged in any business activity or employment that you desire to continue if selected to serve an internship in the Judiciary? If yes, please explain.**       Yes     No

**17. Do you, or does any member of your immediate family, own or have an interest in any organization that deals with, is regulated by, or is otherwise affected by the operations of any department or agency of the state? If yes, please explain.**       Yes     No

**18. Are you involved in any political activities, organizations or circumstances that may present possible conflicts of interest, should you be selected to serve an internship in the Judiciary? If yes, please explain.**       Yes     No

**19. Are you related to anyone who is currently a New Jersey Judiciary employee or judge?**  Yes  No  
If yes, complete below.

| NAME OF RELATIVE | RELATIONSHIP | RELATIVE'S POSITION | LOCATION OF POSITION |
|------------------|--------------|---------------------|----------------------|
|------------------|--------------|---------------------|----------------------|

**20. List three persons unrelated to you whom we may contact for information concerning your qualifications.**

| NAME | ADDRESS | PHONE NO. | OCCUPATION |
|------|---------|-----------|------------|
|      |         |           |            |
|      |         |           |            |
|      |         |           |            |

**APPLICANT SIGN AND DATE HERE**      **I HEREBY CERTIFY THAT THERE IS NO MISREPRESENTATION OR FALSIFICATION IN THE INFORMATION IN THIS APPLICATION. I AM AWARE THAT FALSE OR MISLEADING STATEMENTS WILL BE CAUSE FOR REJECTION OR FOR DISMISSAL AFTER THE START OF THE INTERNSHIP.**



\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**COMMENTS** (For Human Resources Office Use Only)

