



## New York State Senate Work-Based Learning Summer Internship Application

1. Carefully read the enclosed materials and application.
2. Complete, compile and submit the enclosed application materials.
3. Provide a reference letter from a person familiar with your academic abilities.
4. Include your one-page personal statement of purpose explaining why you are applying for the internship.

**Deadline: May 15**

Please contact Office of Student Programs for exact deadline dates, as they are subject to change. Questions should be directed to the Senate Office of Student Programs.

Tel: 518-455-2611 Fax: 518-426-6827  
students@nysenate.gov | nysenate.gov/student-programs

# New York State Senate

## Work-Based Learning Summer Internship

This official application is available online. Please fill out this form carefully. Incomplete or illegible applications may not be considered.

**PLEASE PRINT CLEARLY**

**DATE OF BIRTH (MM/DD/YY):** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(Last) (First) (MI)

**HOME ADDRESS:**

\_\_\_\_\_  
(Street & No./Bldg./Apt.) (City) (State) (ZIP)

**TELEPHONE(S):** HOME ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

**MAILING ADDRESS:** (if different from home address)

\_\_\_\_\_  
(Street & No./Bldg./Apt.) (City) (State) (ZIP)

**E-MAIL ADDRESS:** \_\_\_\_\_

**EDUCATION:** List all high schools you have attended, beginning with the most recent.

Name of School (Begin with most recent)	Date of Attendance	Diploma, GED, Certification	Date of Graduation	Overall GPA (4.0 Scale)
1. _____	to	_____	_____	_____
2. _____	to	_____	_____	_____
3. _____	to	_____	_____	_____
4. _____	to	_____	_____	_____

**SPECIAL SKILLS:** If you have experience/knowledge in any of the areas below, please check the corresponding box. Inexperience does not preclude participation in the program.

- |   |  |
|---|--|
| <input type="checkbox"/> Graphic Design   | <input type="checkbox"/> Machinery             |
| <input type="checkbox"/> Hand Tools   | <input type="checkbox"/> Working with Printers |
| <input type="checkbox"/> Basic Knowledge of Measurement Systems <small>(cm, mm, in)</small> | <input type="checkbox"/> Electronics           |
| <input type="checkbox"/> Microsoft Office Suite   | <input type="checkbox"/> Editing/Proofing      |
| <input type="checkbox"/> Adobe Creative Suite   | <input type="checkbox"/> Other _____           |

**DO YOU HAVE WORKING PAPERS?** \_\_\_\_\_

You must have valid working papers and be age 16 or older at the start of the program to participate.

**REFERENCE:** Provide a reference letter from a person familiar with your academic abilities.

Name	Position/Title	Institution	Direct Telephone Number ( )
1. _____	_____	_____	_____

# New York State Senate

## Work-Based Learning Summer Internship

### Student Statement in Regard to Preparations and Understandings

I have read the attached information in its entirety, and I understand that if I am selected:

- \_\_\_\_\_ interns must work through the last scheduled date of the program in order to receive the full and timely payment of  
Initial their final biweekly paycheck;
- \_\_\_\_\_ my application materials are kept confidentially [Public Law 93-380, Sec. 438(a)(1)] for use during the screening and  
Initial selection processes, for placement, and for periodic review;
- \_\_\_\_\_ my application materials may be a resource in consideration of further education or employment opportunities during  
Initial or after the conclusion of the program;
- \_\_\_\_\_ all materials furnished by me are original where required, and the information accurate and true to the best of my  
Initial knowledge; and
- \_\_\_\_\_ I am expected to participate in all aspects and agree to meet all obligations of the program.  
Initial

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Applications should be sent to:

**New York State Senate Office of Student Programs**  
**208 Legislative Office Building**  
**Albany, NY 12247**

or via Email:

**students@nysenate.gov**

---

## Application Checklist

- Complete application
- Sign student statement above
- Include a one-page statement of purpose explaining why you are applying
- Requested reference
- Include a copy of your working papers
- Include a copy of your photo ID



Tel: 518-455-2611 Fax: 518-426-6827  
[students@nysenate.gov](mailto:students@nysenate.gov) | [nysenate.gov/student-programs](http://nysenate.gov/student-programs)