



Work-Based Learning Summer Application

1. Carefully read the enclosed materials and application.
2. Complete, compile and submit the enclosed application materials in coordination with your CLO/Advisor.
3. Provide a reference 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: Mid-May

Please contact 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 Internship in Senate Services-Production

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

PLEASE PRINT

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? _____

REFERENCE:

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

New York State Senate Internship in Senate Services-Production

Student Statement in Regard to Preparations and Understandings

I have read the attached information in its entirety, and I understand the program is not financial aid for on-campus study. I understand that if I am selected:

_____ participation in all aspects of the program is required;
Initial

_____ 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 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 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

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



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