Senate Production Internship
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

E-mail (students@nysenate.gov) or use certified mail/return receipt requested when mailing application materials to the Senate to protect the interests of the applicant(s) should mail be delayed or lost.
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.

**DATE OF BIRTH (MM/DD/YY)________________________**

**NAME:**

(Last) ______________________________ (First) ______________________________ (MI) ______________________________

**HOME ADDRESS:**

(Street & No./Bldg./Apt.) ______________________________ (City) ______________________________ (State) ______________________________ (Zip) ______________________________

**E-MAIL ADDRESS:** ______________________________

**TELEPHONE(S):**

HOME ( ) ______________________________ CELL ( ) ______________________________

MAILING ADDRESS: (If different from home address)

(Street & No./Bldg./Apt.) ______________________________ (City) ______________________________ (State) ______________________________ (Zip) ______________________________

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

<table>
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<tr>
<th>Name of School</th>
<th>Date of Attendance to</th>
<th>Diploma, GED, Certification</th>
<th>Date of Graduation to</th>
<th>Overall GPA (4.0 Scale)</th>
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**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.

- Graphic Design
- Hand Tools
- Basic Knowledge of Measurement Systems (cm, mm, in)
- Microsoft Office Suite
- Adobe Creative Suite
- Machinery
- Working with Printers
- Electronics
- Editing/Proofing
- Other ______________________________

**REFERENCE:**

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<tr>
<th>Name</th>
<th>Position/Title</th>
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**DO YOU HAVE WORKING PAPERS?**

**APPLICATION CHECKLIST**

- Complete, sign application
- Sign student statement
- Statement of purpose
- Requested reference
- Working papers
- NYS ID

**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;
- interns must work through the last scheduled date of the program in order to receive the full and timely payment of their final biweekly paycheck;
- my application materials are kept confidentially [Public Law 93-380, Sec.438(a)(1)] for use during the screening and selection processes, for placement, and periodic review;
- my application materials may be a resource in consideration of further education or employment opportunities during 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 knowledge; and
- I am expected and agree to meet all obligations of the program.

Signature of Student:_______________________________________   Date:____________________

Applications should be sent to:

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