|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description: Description: C:\Documents and Settings\jantelma\Desktop\nyc_dop_main_color_rgb.png | | | **APPLICATION FOR INTERNSHIP/VOLUNTEER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Anna M. Bermúdez**  Commissioner  **Suzette E. Mapp**  Assistant Commissioner  Human Resources &  Labor Relations  **33 Beaver Street  18th Floor**  **New York, NY 10004**  **212 487 8845 tel  212 487 8847 fax**  [HRVIP@probation.nyc.gov](mailto:HRVIP@probation.nyc.gov) | | | The Department of Probation appreciates your interest and is sincerely interested in your education and experience, and any other qualifications you may bring in applying for placement. A clear and accurate understanding of these items is therefore essential for us to aid in your placement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Application: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Last Name: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | First Name: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | M.I. | | | |  |
|  | | | Street Address: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | State: | | | | | | |  | | | | Zip: | | | | | | |  | | | | |
|  | | | Telephone: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Mobile: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | eMail: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **List person to be notified in case of an emergency:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | Telephone: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Address: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Check the appropriate boxes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Position:** | | | | | | | | | | |  | | | | | | | | | Internship | | | | | | | | | | | | | | | | | |  | | | | | | Volunteer | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Semester:** | | | | | | | | | | |  | | | | | | | | | Summer | | | | | | | | | | | |  | | | | | |  | | | | | | Fall | | | | | | | |  | | | | |  | | | | | | | | Winter | | | | | | | | | | | | | |  | | | |  | | | | | | | Spring | | | | | | | | | | | | |  | | | | | | | |
|  | | | **Area of Interest:** | | | | | | | | | | | | | | | | | | | | | |  | | | Adult Operation | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Juvenile Operation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Administration | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | Planning, Training & Community Partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Information Technology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Borough(s) of preference**: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Brooklyn | | | | | | | | | | | | | |  | | | | Bronx | | | | | | | | |  | | | | | | Queens | | | | | | | | | |  | | | | | | Manhattan | | | | | | | | | | | | | | | |  | | Staten Island | | | | | | | | | | |
|  | | | Please provide the following information below if currently enrolled in college/university: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | College/University Name: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Street Address: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | |  | | | Zip: | | | | | | | |  | | | |
|  | | | Telephone: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | eMail: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | If you are seeking course credit, please provide the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Career/Course Advisor Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Office Number: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Fax: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Course Name: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Course Number: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | Credit Hours: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Credits Earned: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | |  | | | | | | |
| Why did you choose the NYC Department of Probation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How will this internship prepare you for a career within your desired field: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SKILLS: | Foreign Languages: | | | | | | | | | | | | | | | |  | | | | | | | Yes, what language | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | No | |
|  | | Typing: | | |  | | Yes | | | | wpm | | | | | | | | | | | | | | | |  | | | | | | | | | | No | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |  | |
|  | | Computer Software: | | | | | | | |  | | | | | | | | Yes | | | | | | | |  | | | | | | No | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |  | |
| Do you know anyone (family or friends) presently on Probation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Yes | | | | | | | | | | | | |  | | | | No | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |  | |
| If yes, state relationship to you: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Placement: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Yes | | | | | |  | | | | | | No | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | |  | | | | | |
| If yes, list the conviction(s), date(s), and sentence(s). **(A “Yes” answer DOES NOT automatically disqualify you from employment, since the nature of the offense, date, and the position for which you are applying will also be considered.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT’S CERTIFICATION AND AGREEMENT – Please read carefully, and sign and date below** I certify that all statements made by me in this application are true to the best of my knowledge and belief. I authorize investigation of all statements contained here as may be required to arrive at a volunteer and/or internship decision. I realize that my willful omission or any misrepresentation of facts will be just cause for the rejection of this application or discharge of my services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | Date: | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| **PLEASE BE SURE TO SUBMIT A RESUME’ AND COVER LETTER WITH YOUR APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **THE DEPARTMENT OF PROBATION IS AN EQUAL OPPORTUNITY EMPLOYER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Federal, State, and Local Laws prohibits discrimination in employment because of age, color, creed, disability, gender (including gender identity), immigration status, citizenship status, marital status, military status, national origin, partnership status, predisposing genetic characteristics, prior record of arrest or conviction, race, religion, sexual orientation, status as a victim of domestic violence, sex offenses and stalking. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |