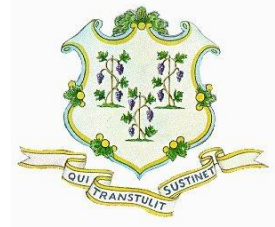


State of Connecticut Office of Policy and Management

450 Capitol Ave., Attn: Internship Coordinator, Hartford, CT 06106-1379



INTERNSHIP APPLICATION

Application Process: Interested students should submit (1) a completed application form, (2) a completed [college internship verification form \(if the internship will be for academic credit\)](#), (3) a cover letter, (4) a resume, (5) a list of coursework directly relevant to the internship, and (6) a copy of their school transcript. Note: Transcripts do not need to be the "official" version. **All required documents should be e-mailed to: opm.internships@ct.gov**

APPLICANT INFORMATION		
Last:	First:	M.I.:
Campus or Home Address:		Apt.#:
City:	State:	Zip:
Phone:	Email Address:	
Semester You Are Applying For: Year: _____	Expected Start Date:	
Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Expected End Date:	

Position(s) of Interest (Check all that apply)	<input type="checkbox"/> Administration Division	<input type="checkbox"/> Budget and Financial Management Division	<input type="checkbox"/> Criminal Justice Policy and Planning Div. Research, Policy, and Grant Administration
	<input type="checkbox"/> Data and Policy Analytics Unit	<input type="checkbox"/> Intergovernmental Policy and Planning Division	<input type="checkbox"/> Health and Human Services Policy and Planning Division
	<input type="checkbox"/> Office of Finance	<input type="checkbox"/> Office of Labor Relations	<input type="checkbox"/> Office of Legal Affairs
	<input type="checkbox"/> Office of Legislative Affairs	<input type="checkbox"/> Other (specify):	<input type="checkbox"/>

COLLEGE/UNIVERSITY INFORMATION	
Name:	
Address:	
Major/Concentration:	
# Of Credits Requesting For Internship (if applicable):	
UNDERGRADUATE: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> GRADUATE: Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>	
Availability	Days (check all that apply) Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>
	Hours (10 minimum per week) _____ hrs/week

INTERNSHIP OR ACADEMIC ADVISOR	
Name:	Department:
Phone:	E-Mail:

Voluntary Questions
<p>In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.</p> <p>A. Gender (Please select from one of the following) Female Male Nonbinary Decline to state</p> <p>B. Ethnicity (Please select from one of the following) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Decline to State</p> <p>C. Race (Please select from one of the following) <input type="checkbox"/> White, Non-Hispanic: <i>Origins in any of the original peoples of Europe, the Middle East, or North Africa</i> <input type="checkbox"/> Black/African American (Non-Hispanic). Persons having origins in any of the black racial groups of Africa. <input type="checkbox"/> ASIAN: Origins in any of the original peoples of the Far East, Southeast Asia the India subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE: Origins in any of the original peoples of North or South America, including Central American, and who maintains tribal affiliations or community attachment. <input type="checkbox"/> Native Hawaiian or Pacific Islander: Origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Two or more races <input type="checkbox"/> Decline to State</p> <p>D. How did you learn about OPM internship opportunities? <input type="checkbox"/> OPM website <input type="checkbox"/> Other website (please list): _ <input type="checkbox"/> Career Services <input type="checkbox"/> Career Services Website <input type="checkbox"/> An OPM employee (Name: _ <input type="checkbox"/> Other: _</p>

DISCLAIMER AND SIGNATURE
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to an internship, I understand that false or misleading information in my application materials and/or interview may result in my release.</p> <p>_____</p> <p>Signature _____ Date</p>

OPM is an affirmative action/equal opportunity employer, providing programs and services in a fair and impartial manner. In conformance with the Americans with Disabilities Act, OPM makes every effort to provide quality effective services for persons with disabilities. If you have any special needs/requirements in order to participate in an internship opportunity with OPM, please contact the Office of Policy and Management via e-mail: OPM.internships@ct.gov