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: _____ Fall ☐ Spring ☐ Summer ☐		Expected Start Date: Expected End Date:	

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

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

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

Voluntary Questions

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.

A. Gender (Please select from one of the following)
☐ Female ☐ Male ☐ Decline to State

B. Ethnicity (Please select from one of the following)
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to State

C. Race (Please select from one of the following)
☐ **White, Non-Hispanic**: *Origins in any of the original peoples of Europe, the Middle East, or North Africa*

☐ **Black/African American** (Non-Hispanic). Persons having origins in any of the black racial groups of Africa.

☐ **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.

☐ **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.

☐ **Native Hawaiian or Pacific Islander:** Origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ **Two or more races**

☐ Decline to State

D. How did you learn about OPM internship opportunities?
☐ OPM website
☐ Other website (please list): _
☐ Career Services
☐ Career Services Website
☐ An OPM employee (Name: _
☐ Other: _

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

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.

_____ _____

Signature **SIGNATURE AND DATE REQUIRED** Date

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**