

# SUNY/NYSDOT

## Student Internship Application

NYSDOT Please add your number and address

PLEASE ANSWER ALL QUESTIONS /COMPLETE ALL SECTIONS (APPLICATIONS WILL NOT BE EVALUATED IF INCOMPLETE)

|  |                                  |   |   |
|--|----------------------------------|---|---|
| <b>Candidates must be currently matriculated in a degree program at a SUNY Institution in order to qualify for an assignment. New York State residency is NOT required.</b>  |                                  |   |   |
| LAST NAME  | FIRST NAME                       | MIDDLE INITIAL  |   |
| MAILING ADDRESS Street<br><br>City   |                                  | State   | Zip   |
| State  |                                  | Zip   |   |
| TELEPHONE NUMBER (WORK)<br>( ) -   | TELEPHONE NUMBER (HOME)<br>( ) - | E-MAIL ADDRESS  | First 7 Digits of Your Social Security Number<br>- - XX   |
| ARE YOU A U.S. CITIZEN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  | IF NO, ENTER YOUR ALIEN REGISTRATION NUMBER   |   |
|  |                                  | ARE YOU OVER 18 YEARS OLD?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you have a student Visa, are you eligible for CPT? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you currently being compensated as a Student Assistant by any State/SUNY entity?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you answered "Yes" please indicate where you work and the number of hours per week: |                                  | <b>Student Status (Check One)</b><br><input type="checkbox"/> Undergraduate<br><input type="checkbox"/> Graduate<br><b>Anticipated Graduation (Month/Year)</b><br>____/____ | <b>Please Indicate SEMESTER &amp; YEAR to which you are applying (SELECT ONE)</b><br><input type="checkbox"/> Fall ____<br><input type="checkbox"/> Winter ____<br><input type="checkbox"/> Spring ____<br><input type="checkbox"/> Summer ____ |

**Educational Experience (Must be filled out completely. "See attached resume" is not acceptable.)**

|   | Name of School and Location | Attended |    | Years Completed | Did You Graduate? | Major Subject | Degree Received |
|---|-----------------------------|----------|----|-----------------|-------------------|---------------|-----------------|
|   |                             | From     | To |                 |                   |               |                 |
| High School   |                             |          |    |                 |                   |               |                 |
|   |                             |          |    |                 |                   |               |                 |
|   |                             |          |    |                 |                   |               |                 |
| College, University Or Technical School             |                             |          |    |                 |                   |               |                 |
|   |                             |          |    |                 |                   |               |                 |
|   |                             |          |    |                 |                   |               |                 |
| Graduate School                                     |                             |          |    |                 |                   |               |                 |
|   |                             |          |    |                 |                   |               |                 |
|   |                             |          |    |                 |                   |               |                 |
| Graduate School                                     |                             |          |    |                 |                   |               |                 |
|   |                             |          |    |                 |                   |               |                 |
|   |                             |          |    |                 |                   |               |                 |
| Memberships/Affiliations Relevant to the Internship |                             |          |    |                 |                   |               |                 |

**Work Experience (Must be filled out completely. "See attached resume" is not acceptable.)**

| Name, Address, & Telephone Number of Employers | Salary/ Hourly Wage | From: (Mo/Yr) | To: (Mo/Yr) | Title and Duties of Your Position |
|--|---------------------|---------------|-------------|-----------------------------------|
| Supervisor:                                    |                     |               |             |                                   |
| Supervisor:                                    |                     |               |             |                                   |
| Supervisor:                                    |                     |               |             |                                   |

**Mechanical Experience**  
Describe your mechanical experience (& level of skill, i.e. proficient, intermediate, etc.)

| <i>Certificates and Licenses</i>            | Permanent or Provisional | Certificate or License # | Name of Issuing Agency or State | Effective Date | Expiration Date |
|---|--------------------------|--------------------------|---------------------------------|----------------|-----------------|
| Teaching Certificates/Professional Licenses |                          |                          |                                 |                |                 |
|   |                          |                          |                                 |                |                 |
|   |                          |                          |                                 |                |                 |

| <b>References (List three people who can attest to your experience, character, and skills.)</b>   |   |   |
|---|---|---|
| Name  | Name                                    | Name                                    |
| Address (street, city, state, zip code)   | Address (street, city, state, zip code) | Address (street, city, state, zip code) |
| Telephone Number<br>( ) -   | Telephone Number<br>( ) -               | Telephone Number<br>( ) -               |
| Title   | Title                                   | Title                                   |
| <p><i>I affirm that all statements made on this form, including any accompanying documents, are true under penalty of perjury. I further authorize verification of information provided herewith prior to appointment. I understand that any false statements made on this form or accompanying documents may nullify my appointment or lead to my dismissal.</i></p> |   |   |
| Signature   |   | Date                                    |

### To Be Completed by Campus Coordinator

*I reviewed, verified, and approve this student's eligibility and candidacy for an internship assignment with the New York State Education Department.*

|            |                             |
|------------|-----------------------------|
| Name:      | Title:                      |
| Signature: | Date:                       |
| Campus:    | Student's Academic Program: |

**Please describe yourself in relation to the position to which you are seeking. What do you hope to gain from this experience? What do you believe you have to offer NYSDOT? This question requires a well written detailed response. Candidates who do not complete this section will not be considered for appointment.**

**NYSDOT please add an email address you would like applications to go to**