

Committee on Legislative Staff Internships

2012 Legislative Session

Internship Application



APPLICATION PROCEDURES:

Applications and all supporting documents must be **postmarked by November 1** to the Internship Committee in a complete package.

Please include the following in your application packet:

- Completed application form.
- One page cover letter explaining why you are pursuing this internship, goals for the session, and your motivation for achieving those goals.
- One page resume that outlines your educational background, honors or recognition, work experience, activities, special skills, etc.
- Two letters of recommendation from someone who knows you well and can provide an accurate view of your strengths and weaknesses. One of the two letters of recommendation may be from your Internship Campus Advisor if he/she is fully aware of your academic and work experience and participation in community activities.
- A transcript from the college that you currently attend. Unofficial transcripts are acceptable. Applicants must complete at least 20 college credits by January 2012. The Internship Committee may require proof of completion of Fall classes at its discretion.

Once your application packet is complete, forward all required application material to your Internship Campus Advisor.

It is the applicant's responsibility to secure all documents required by the Internship Committee and to forward these documents to the Internship Campus Advisor. Any application postmarked after November 1 will not be considered.

Committee on Legislative Staff Internships
Legislative Office Building, Room 5150
Hartford, CT 06106-1591

Phone: 860-240-0520
Fax: 860-240-0122
E-mail: Steve.Marcelynas@cga.ct.gov



**Committee on Legislative Staff Internships
Legislative Office Building, Room 5150
Hartford, CT 06106-1591
Candidate Application**

For Committee Use Only

Date _____
Time _____

I am applying for a:

___ Full-Time Internship (5 Days/week) ___ Part-Time Internship (Mon & Wed) ___ Part-Time Internship (Tues & Thurs)
___ Other : _____

PERSONAL INFORMATION

Name: First _____ Last _____		Are you over 18 years old? Yes / No	
Home: Street Address _____ Apt # _____	City/Town _____	State _____	Zip code _____ Telephone number _____
School: Street Address _____ Apt # _____	City/Town _____	State _____	Zip code _____ Telephone number _____
E-Mail _____		My Primary address is:(Circle one) Home School	

Do you have any civic or campaign experience? Yes (Please list) / No _____

Who is your State: Representative _____ Senator _____
What additional activities or experiences have you had that you believe will qualify you as an intern? _____

Are you a U.S. citizen? Yes / No If no, country of citizenship _____ Visa type _____
Rate your computer skills: (1 being not familiar and 5 being proficient)
Word 1 2 3 4 5 PowerPoint 1 2 3 4 5 Internet Applications 1 2 3 4 5
Excel 1 2 3 4 5 Outlook 1 2 3 4 5 Web Based Data Search 1 2 3 4 5

ACADEMIC INFORMATION

School Attending _____	Degree:(Circle one) AS / BS / Other:_____ Major:_____ Year: (i.e. Junior)_____
GPA: Cumulative:_____ Major:_____	I expect to earn _____ credits from this experience.

CAMPUS ADVISOR'S RECOMMENDATION

This section must be completed by the faculty member or administrator on your campus who will be responsible for your academic supervision and/or awarding of academic credits. If the Campus Advisor is not personally aware of the applicant, please indicate this in the "Comments" section of the form below.

I would evaluate the applicant's potential as an intern to be: (Circle one) Outstanding / Very Good / Good / Fair

Comments: (use additional sheets if necessary) _____

Campus Advisor's Signature: _____ **Date:** _____

Title _____

(This application must be submitted to the program by the campus advisor not by e-mail)



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CRIMINAL HISTORY

Please answer the following question:

“Conviction” for this application, means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken.

“Conviction” does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are not required to disclose any arrest(s), criminal charge(s) or conviction(s), the record(s) of which have been erased under law. Such records can include records pertaining to a finding of delinquency or that a child was a member of a family with service needs (Connecticut General Statutes § 46b-146), an adjudication of a youthful offender (Connecticut General Statutes § 54-76o) or a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (Conn. Gen. Stat. §54-142a).

Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

Should you have any questions about answering questions on this application, or your rights concerning erased records, please inquire of the Personnel Department in the Office of Legislative Management.

Have you ever been convicted of a crime? No Yes If yes, please explain _____

Note: A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as the time, seriousness and nature of the offense, as well as rehabilitation, will be taken into account.

CERTIFICATION

I have answered all of the above questions to the best of my ability. I hereby certify that there are no omissions of any kind, and no misrepresentations or falsifications, and the above answers are true and accurate and are made in good faith. I understand and acknowledge that any omission I have made or misrepresentation or falsification may be grounds to discontinue further consideration of my application, or call for my immediate dismissal from the Legislative Internship Program.

Applicant’s Signature: _____ **Date:** _____

*STATE OF CONNECTICUT
LEGISLATIVE INTERNSHIP PROGRAM
Recommendation Form*



To Be Completed by the **APPLICANT**: (Please print)

In order to ensure full disclosure by all persons, companies, institutions and agencies contacted in connection with the background investigation, I knowingly and voluntarily release from any claims, causes of action or liability whatsoever, any and all persons, companies, institutions and agencies who provide information pursuant to this Recommendation Form or any and all persons, companies, institutions and agencies who rely on information pursuant to this Recommendation Form.

Name _____ Application Deadline: **November 1**

College/University _____ Anticipated Graduation Date: _____

Applicant's Signature: _____ **Date:** _____

To Be Completed By the **REFERENCE**:

Thank you for taking the time to complete this recommendation for an applicant to the State of Connecticut Legislative Internship Program. Your evaluation comments will be important in the selection process.

How long have you known the applicant? _____

In what capacity? _____

How would you rate the applicant in the following areas:

	Outstanding	Very Good	Good	Average	Below Average	Unobserved
Initiative						
Academic Achievement						
Intellectual Curiosity						
Dependability						
Leadership						
Seriousness of Purpose						

Written evaluation of applicant's academic and work experience, participation in extracurricular activities, motivation and potential for benefiting from a legislative internship are particularly useful to the interview committee in making decisions. **Please use the space below or another page for additional comments.**

Note the application deadline is **November 1**. Please return your recommendation to the applicant and he/she will forward it to the internship Campus Advisor and the interview committee.

Name, Title, and Position (please print) _____

School/Organization: _____ **Telephone:** _____

Signature: _____ **Date:** _____

*STATE OF CONNECTICUT
LEGISLATIVE INTERNSHIP PROGRAM
Recommendation Form*



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