

# NJ DEPARTMENT OF BANKING AND INSURANCE

## INTERNSHIP PROGRAM APPLICATION

Applying for:            Fall                                  Spring                                  Summer

Division/Office of Interest: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(if different)

University or college currently enrolled in: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Expected year of graduation: \_\_\_\_\_

Expected status at beginning of internship: *(Check one)*

Undergraduate:            Freshman                                  Sophomore                                  Junior                                  Senior

Graduate:                      First Year                                  Second Year                                  Third Year                                  Fourth Year

Do you plan to receive credit for your internship?            Yes            No

If "Yes," please identify the internship requirements:

Please list your days and times of availability:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

***Please include a cover letter and your resume with this application.***

Please email your submission to:            **DOBI Human Resources at:**  
***human.resources@dobi.nj.gov***