

DCED INTERNSHIP APPLICATION INSTRUCTIONS

An electronic version of the Internship Application is available through DCED's website at dced.pa.gov. The application is in a fillable PDF format. Save and email the form to: dcedinternships@pa.gov. Please type your name in the signature block if you are unable to scan the application.

If you are not able to save and email the form: print a copy of the completed electronic form, sign and date the hard copy, and send to the address listed below. Be sure to sign before sending.

To send via U.S. mail, please type or print in black or blue ink — no pencil. Complete all portions of this form, including signature and date.

Incomplete forms will be returned to the applicant. Resumes are not considered a substitute for COMPLETE ANSWERS. If additional space is needed to adequately answer any questions, please use white paper the same size as the form and mark each additional page with your name and social security number.

COVER LETTER

Attach a cover letter detailing area of interest with DCED.

GENERAL INFORMATION (Items 1 through 9)

Complete blocks as directed.

EDUCATION/SKILLS (Items 10 through 15)

List all college and other formal education/training including dates attended, years completed, type of degree, and year of degree.

EMPLOYMENT (Item 16)

Complete as directed or attach a resume with your name and social security number clearly marked.

MISCELLANEOUS (Items 17 through 18)

Complete blocks as directed.

If the answer to any of these questions is "yes," please provide details on a separate sheet of paper.

Include a cover letter detailing area of interest

A completed application includes the application form, cover letter, and resume.

* BE SURE TO SIGN THE APPLICATION *

If mailing your application, mail to:

PA Department of Community & Economic Development
Attention: Lauren McLaughlin, Administration
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225

What happens to my application once it is submitted?

The information is entered into our Computer Referral System to await a suitable vacancy for which you may be referred.

How long is my application kept on file?

Your application will be maintained on file for a period of ONE YEAR. At the end of that time, it will automatically become inactive. It will be necessary to submit an updated Internship Application at that time.



APPLICATION FOR THE DCED INTERNSHIP PROGRAM

GENERAL INFORMATION

1. LAST NAME	2. FIRST NAME	MI	3. SOCIAL SECURITY NUMBER
4. STUDENT'S COLLEGE ADDRESS (NUMBER, STREET & APT. NO.)			TELEPHONE NO. (COLLEGE)
5. CITY	STATE		ZIP CODE
6. STUDENT'S PERMANENT ADDRESS (NUMBER, STREET & APT. NO.)			TELEPHONE NO. (PERMANENT)
7. CITY	STATE		ZIP CODE
8. EMAIL ADDRESS			
9. HAVE YOU PREVIOUSLY WORKED WITH DCED AS AN INTERN? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION/SKILLS

10. CHECK HIGHEST LEVEL COMPLETED AT TIME OF ANTICIPATED EMPLOYMENT <i>(Graduate School)</i>						
<input type="checkbox"/> High School <input type="checkbox"/> 1 st Year College <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year <input type="checkbox"/> 4 th Year <input type="checkbox"/> 5 th Year <input type="checkbox"/> 6 th Year						
11. NAME & LOCATION (CITY & ZIP CODE) OF COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL						
Name & Location (City & Zip Code)	Dates Attended		Did you Graduate?	Anticipated Date of Graduation	Type of Degree (B.A. etc.)	Major Course of Study
	From	To				
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
12. LIST SPECIAL QUALIFICATIONS AND SKILLS: (e.g., CPR, First Aid, Red Cross Lifesaving Certification, GIS experience, operation of computer/lab/office equipment, etc.)						
13. TO THE BEST OF YOUR KNOWLEDGE, DO YOU HAVE RELATIVES WORKING IN DCED? <i>If yes, please indicate the name and relationship of the relative.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No						
14. ARE YOU CURRENTLY ENROLLED IN COLLEGE FULL-TIME? <input type="checkbox"/> Yes <input type="checkbox"/> No			15. ARE YOU REGISTERED OR DO YOU INTEND TO REGISTER FULL-TIME IN COLLEGE NEXT TERM/SEMESTER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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EMPLOYMENT

16. List your employment record. Start with present employment, including paid employment, internships, volunteer or unpaid work, and military service. If your title and duties changed in the course of your work with one employer, describe the changed duties in a new block. Attach additional sheets, if needed. Include your name and social security number and the same information as requested in A through C.

A. NAME AND ADDRESS OF EMPLOYER (INCLUDE ZIP CODE, IF KNOWN)		DATES EMPLOYED (MONTH & YEAR)
		From: _____ To: _____
		EXACT TITLE OF YOUR POSITION
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO.	NUMBER AND CLASS OR LEVEL OF EMPLOYEES YOU SUPERVISED
B. NAME AND ADDRESS OF EMPLOYER (INCLUDE ZIP CODE, IF KNOWN)		DATES EMPLOYED (MONTH & YEAR)
		From: _____ To: _____
		EXACT TITLE OF YOUR POSITION
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO.	NUMBER AND CLASS OR LEVEL OF EMPLOYEES YOU SUPERVISED
C. NAME AND ADDRESS OF EMPLOYER (INCLUDE ZIP CODE, IF KNOWN)		DATES EMPLOYED (MONTH & YEAR)
		From: _____ To: _____
		EXACT TITLE OF YOUR POSITION
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO.	NUMBER AND CLASS OR LEVEL OF EMPLOYEES YOU SUPERVISED

I authorize the Departments of Community & Economic Development and Transportation to obtain information concerning me from former employers and any other persons I have given as references, and I release all concerned from any liability in connection therewith. . . . Yes No

17. Were you ever convicted of any criminal offense—which includes felonies, misdemeanors, summary offenses and convictions—resulting from a plea of no contest, or have you ever forfeited bond or collateral in connection with a criminal charge? Yes No

If yes, give details on a separate sheet of paper. Be sure to include your social security number. Exceptions to the above are: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program. Note: Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merit.

18. Are there any criminal charges pending against you at this time? Yes No

If yes, give details on a separate sheet of paper. Be sure to include your social security number. Note: Pending criminal charges are not a bar to employment in all cases. Each case is considered on its merit.

CERTIFICATION

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I am aware that all statements made by me on this application are subject to investigation including verification of prior employment and education.

SIGNATURE (IN INK) OF APPLICANT	DATE
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NOTE: If applying online, signature will be obtained when appointed.