



Application for Internship

A. Applicant Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Date of Application		Email Address	
Name			
Present Address			
City	State	Zip Code	
Permanent Address			
City	State	Zip Code	
Present Phone #	Permanent Phone #	Cell Phone #	
School Currently Attending		Major Area of Study	
Years Attended	Current Level	Date Available to Start	

Gender Identification: Male Female

Race Identification**: Please check one box.

White Black Hispanic Asian/Pacific Islander Native American

**The completion of this Data Record is optional. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any internship decision.

Internship Session: (Indicate year and then check one session):

Year _____ Summer Fall Winter/Spring

Please indicate the top two internships in which you are interested from the Project Description list at <http://www.mass.gov/eea/agencies/massdep/about/employment/massdep-volunteer-internship-program.html>

1st Choice _____ 2nd Choice _____

Check your choice for preferred office / location:

Boston Wilmington Lakeville Springfield Worcester Lawrence



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B. Personal References

_____ Name	_____ Title	_____ Phone # or Email Address
_____ Name	_____ Title	_____ Phone # or Email Address
_____ Name	_____ Title	_____ Phone # or Email Address

C. Additional Information

With this application, please include the following:

- One-page typed resume
- Cover letter
- Responses to the following questions, included as part of your cover letter:
 - Why have you chosen to apply for an internship at MassDEP?
 - What qualities, skills, and interests make you the best candidate?
 - How will an internship at MassDEP help you to achieve your career goals?

Send your completed package by mail or email to:

Massachusetts Department of Environmental Protection
Office of Diversity
1 Winter Street, 4th floor
Boston, MA 02108-4746
dep.employment@state.ma.us



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**THIS IS A CONFIDENTIAL INSERT
APPLICANTS ARE ENCOURAGED BUT ARE NOT REQUIRED TO COMPLETE**

The Commonwealth of Massachusetts is committed in spirit, as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their disability which can be reasonably accommodated.

Further, the Commonwealth will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Disability is not a factor in employment, promotion, transfer, compensation, lay-off, disciplining and termination, unless there exists a bona fide occupational qualification.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. Please submit your form directly to **Donald M. Gomes, ADA Coordinator, MassDEP.**

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

Name

Address

City

State

Zip Code

Check if the following is applicable:

I am a person with a disability

A disability means a physical or mental impairment that substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. ("Major Life Activities" includes but is not limited to functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working). Information on disability is maintained by the ADA Coordinator.