



**Commonwealth of Massachusetts  
Department of Correction Student  
Internship Application**

**Internship Posting #** \_\_\_\_\_

Application submitted by: ☐ Student  
☐ College/University Official

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

Name: \_\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_  
Street City State Number and (zip code)

How long have you lived there? \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Address Phone

College/University: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

What is your current major? \_\_\_\_\_ Minor? \_\_\_\_\_

Do you speak other language(s) fluently? ☐ Yes ☐ No  
If yes, list: \_\_\_\_\_

Do you have any hobbies or talents? \_\_\_\_\_ If so, list: \_\_\_\_\_

**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.**

**CHECK ONE:**

☐ Male

☐ Female

**CHECK ANY THAT APPLY:**

☐ White

☐ Black

☐ Hispanic

☐ Asian

☐ Pacific Islander

☐ Native American

☐ American Indian

☐ Alaskan Native

☐ Other

☐ Disabled

**What Internship Track are you applying for? \_\_\_\_\_**

☐ **For Semester beginning Fall 20\_\_\_\_\_**

☐ **For Semester beginning Spring 20\_\_\_\_\_**

☐ **For Semester beginning Summer 20\_\_\_\_\_**

Is there a specific date you need to commence your internship? \_\_\_\_\_

Are you available for a part-time ☐ or full day program ☐

What days of the week are you available?

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What skills do you hope to learn through this internship opportunity?

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Please tell us why you are a good candidate for the Department of Correction Internship Program?

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How does your educational/academic program complement the Internship you are seeking?

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Have you ever applied for a position with or been employed by the Department of Correction or any other Criminal Justice or Law Enforcement Agency? Yes ☐ NO ☐

If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

Who was your supervisor? \_\_\_\_\_

Have you ever been a volunteer with the Department of Correction or any Massachusetts County Correctional Facility? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_ Who was your supervisor? \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, provide detailed explanation: \_\_\_\_\_

Has any member of your immediate family or a relative (including in-laws) ever been or is currently incarcerated in any Massachusetts State or County Correctional Institution?

☐ Yes ☐ No

Are you aware of any acquaintance(s) or personal friend(s) who are or have been incarcerated?

☐ Yes ☐ No

Please disclose the names and relevant information for all family, friends, relatives, and acquaintances incarcerated in any Massachusetts State or County Correctional Institutions.

| Name | Relation | Date | Place Incarcerated | Charge | Final Disposition |
|------|----------|------|--------------------|--------|-------------------|
|      |          |      |                    |        |                   |

Please list any medication that you would need to bring with you during Internship: \_\_\_\_\_

Please tell us about your employment history and give an example of your most successful experience?

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Have you ever been dismissed from a job/school of higher learning?

☐ Yes      ☐ No

If yes, please explain:\_\_\_\_\_

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## COMMENTS

This space is provided for your use in giving us any additional information about yourself not already covered by this form, e.g. interests, plans, special skills, goals or any other information that you feel we should know in considering you for this internship.

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### To be completed by Intern:

**Statement:** I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application is grounds for removal from the Internship Program.

Date: \_\_\_\_\_ Signature of Intern: \_\_\_\_\_

### To be completed by College/University Official:

**Statement:** I certify that this student is in good standing at:

\_\_\_\_\_  
College/University

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

Signature of College/University Official: \_\_\_\_\_

Title: \_\_\_\_\_

\*\*\*Please bring this form to the Registrar's office for signature only".

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**RELEASE  
THE COMMONWEALTH OF  
MASSACHUSETTS DEPARTMENT OF  
CORRECTION**

I, \_\_\_\_\_, am approved by the Superintendent and/or  
Division Head of \_\_\_\_\_ (facility or division) to work as an Intern.

I release and forever discharge the Commonwealth of Massachusetts and all of its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, action, or causes of action on account of my death or injury to myself or damage to my property which may occur as the result of any act by an inmate during the performance of the above-mentioned service.

Signature: \_\_\_\_\_

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



**AGREEMENT TO ABIDE BY RULES  
THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION**

I, \_\_\_\_\_, agree to abide by all applicable laws, rules and regulations governing persons employed by the Massachusetts Department of Correction as well as policies of each facility, especially those relating to confidentiality.

Signature: \_\_\_\_\_

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

Copy:                      Division of Human Resources/Recruitment Department



## **BACKGROUND INFORMATION REQUEST AND WAIVER**

(PLEASE PRINT CLEARLY OR TYPE)

INSTITUTION/DIVISION \_\_\_\_\_

NEW EMPLOYEE \_\_\_\_\_ CONTRACT EMPLOYEE \_\_\_\_\_

### **PERSONAL DATA:**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PREVIOUS NAME AND/OR ALIAS \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_  
(Not a P.O. Box) NUMBER STREET CITY STATE ZIP

HAVE YOU EVER RESIDED IN ANOTHER STATE? \_\_\_\_\_ IF YES, WHICH STATE (S)? \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

I, \_\_\_\_\_, hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Massachusetts Department of Correction.

I further understand that the Massachusetts Department of Correction will conduct a background investigation which will include a check with any past employers, a criminal records check with the local police department, the State Police, the FBI in Washington D.C., the Massachusetts Board of Probation, Registry of Motor Vehicles and interviews with my character references. The Department of Correction will conduct these checks as the Department deems necessary, including but not limited to initial hire, promotion, investigations, and disciplinary cases.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_