



**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: _____
Number and Street City State (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 or Alaskan Native)
☐ Disabled/Handicapped
☐ Other

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 and times are you available?

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

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

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

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?

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

☐ Yes ☐ No

If yes, please explain:_____

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.

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:_____



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/Office of Diversity
Superintendent/Division Head



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)? _____

SOCIAL SECURITY NUMBER _____ 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 _____