



## PERSONAL INFORMATION

<b>Name</b>				
	<i>First</i>	<i>MI</i>	<i>Last</i>	
<b>Address</b>				
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Contact</b>				
	<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email</i>	

## INTERNSHIP AREA

- Homeland Security & Emergency Preparedness Training

## SESSION

Internships are offered throughout the year for Fall, Spring and Summer semesters. Students accepted into the program will automatically be considered for future sessions. **Students who are not accepted must reapply for future opportunities.**

Please indicate below which semester you would like to be considered for (check the NCSP website for semester deadlines). Example: Fall 2019

*Semester of Interest:* \_\_\_\_\_

## COMPENSATION

Please check the option you are currently interested in: Paid \_\_\_\_\_ Unpaid \_\_\_\_\_

**EXPERIENCE**

Title	Employer / Internship	From	To

**EDUCATION**

Degree	Institution	Completed / Expected Completion	Cumulative GPA

Have you previously applied for an internship with the NCSP? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what was the result?

**REFERENCES**

<b>Name</b>	
<b>Relationship</b>	
<b>Organization</b>	
<b>Phone</b>	
<b>Email</b>	

**REFERENCES (cont.)**

<b>Name</b>	
<b>Relationship</b>	
<b>Organization</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Name</b>	
<b>Relationship</b>	
<b>Organization</b>	
<b>Phone</b>	
<b>Email</b>	

**ATTACHMENTS**

Please attach to this application (via electronic submission) your cover letter, resume, and a 3-5 page writing sample. Applicants who do not submit these attachments will automatically be disqualified from the semester of interest.

**CERTIFICATION**

I hereby affirm that the information provided to the *National Center for Security & Preparedness (NCSP), University at Albany, State University of New York* is accurate to the best of my recollection, and that I have made no attempt to deceive or mislead the NCSP. I understand that this information is being considered by the NCSP as part of its recruitment process for its internship program. I understand that the falsification of any information provided herein will be grounds for the rejection of my application from further consideration, and should I be engaged as an intern by the NCSP, the falsification of any information provided herein may be grounds for immediate removal. I further understand that any offer to participate in the NCSP Internship Program is contingent on my passing a DHESES background check. Finally, I understand that should I be offered and accept a position in the internship program, the NCSP may contact my current employer to verify my employment.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_