



New York State Education Department Vocational Rehabilitation Counselor Internship Application

The New York State Education Department
OFFICE OF HUMAN RESOURCES MANAGEMENT
(518) 474-5215

PLEASE ANSWER ALL QUESTIONS /COMPLETE ALL SECTIONS (APPLICATIONS WILL NOT BE EVALUATED IF INCOMPLETE)

Candidates must be currently matriculated in a Masters degree program in Vocational Rehabilitation Counseling at a college or university in order to qualify for an assignment. New York State residency is NOT required. A current copy of your academic transcript must be submitted with your application.

LAST NAME	FIRST NAME	MIDDLE INITIAL
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MAILING ADDRESS Street	City	State	Zip
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TELEPHONE NUMBER (WORK) () ()	TELEPHONE NUMBER (HOME) () ()	E-MAIL ADDRESS	Last 4 Digits of Your Social Security Number XXX-XX-
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ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, ENTER YOUR ALIEN REGISTRATION NUMBER	ARE YOU OVER 18 YEARS OLD? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have a student Visa, are you eligible for CPT? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently being compensated by any State/SUNY entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deadline: Spring: Nov 1 st Summer: Mar 15 th Fall: July 1 st	Please Indicate YEAR & SEMESTERS of Interest (CHECK ALL THAT APPLY) <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____
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I completed my practicum <input type="checkbox"/> Yes <input type="checkbox"/> No I will complete my practicum by: _____	<p style="text-align: center;">I AM INTERESTED IN: <input type="checkbox"/> A Practicum or <input type="checkbox"/> An Internship</p> <p style="text-align: center;">I AM INTERESTED IN THESE ACCES DISTRICT OFFICES (Please Indicate All That Apply): <small>* Numbers in () refer simply to district codes for these sites</small></p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> Albany (01)*</td> <td><input type="checkbox"/> Bronx (20)*</td> <td><input type="checkbox"/> Brooklyn (22)*</td> <td><input type="checkbox"/> Buffalo (03)*</td> </tr> <tr> <td><input type="checkbox"/> Garden City (25)*</td> <td><input type="checkbox"/> Hauppauge (24)*</td> <td><input type="checkbox"/> Malone (06)*</td> <td><input type="checkbox"/> Manhattan (27)*</td> </tr> <tr> <td><input type="checkbox"/> Mid-Hudson (08)*</td> <td><input type="checkbox"/> Queens (21)*</td> <td><input type="checkbox"/> Rochester (09)*</td> <td><input type="checkbox"/> Southern Tier (02)*</td> </tr> <tr> <td><input type="checkbox"/> Syracuse (05)*</td> <td><input type="checkbox"/> Utica (07)*</td> <td><input type="checkbox"/> White Plains (26)*</td> <td></td> </tr> </table>	<input type="checkbox"/> Albany (01)*	<input type="checkbox"/> Bronx (20)*	<input type="checkbox"/> Brooklyn (22)*	<input type="checkbox"/> Buffalo (03)*	<input type="checkbox"/> Garden City (25)*	<input type="checkbox"/> Hauppauge (24)*	<input type="checkbox"/> Malone (06)*	<input type="checkbox"/> Manhattan (27)*	<input type="checkbox"/> Mid-Hudson (08)*	<input type="checkbox"/> Queens (21)*	<input type="checkbox"/> Rochester (09)*	<input type="checkbox"/> Southern Tier (02)*	<input type="checkbox"/> Syracuse (05)*	<input type="checkbox"/> Utica (07)*	<input type="checkbox"/> White Plains (26)*	
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Answer the following questions by checking either "Yes" or "No." If you answer "Yes," provide details in the space provided (attach additional sheets as necessary). A "Yes" answer to any of these questions does not represent an automatic bar to assignment. Each application is evaluated on its individual merits and against the duties, responsibilities and qualifications of the position being filled. However, your failure to respond to these questions may result in your removal from further consideration.

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|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Have you ever been discharged or dismissed from any public or private employment for reasons other than lack of work or lack of funds? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you ever resigned from any position rather than face dismissal or disciplinary charges? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Have you ever been convicted of a crime (felony or misdemeanor)?* |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Are any criminal charges currently pending against you? |

DETAILS:

An Equal Opportunity Employer

New York State and Federal Law prohibit discrimination on the basis of race, color, religion, age, creed, disability, marital status, veteran status, national origin, sex, genetics, carrier status, or sexual orientation in its educational programs, services and activities.

* You should answer “No” if one of the following conditions apply:

- Your conviction was sealed by a court, or
- The criminal action or proceeding was terminated in your favor, e.g. you were acquitted or dismissed, you received an adjournment in contemplation of dismissal and the adjournment period has lapsed, or
- The procedure on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to the Family Court Act, or
- After completing a treatment program, your plea to a felony or a misdemeanor was withdrawn and you were resentenced to a violation which was sealed by the court, or the completion of the program resulted in a dismissal of all charges by the court.

Failure to disclose a prior conviction that does not meet the above criteria may result in denial of assignment based on falsification of the application for internship.

For the purposes of reviewing your application, identify any relatives, including members of your household currently employed by the New York State Education Department. Please identify employee(s) and relationship. If you do not have relatives employed by the New York State Education Department, please answer “N/A” below.

How did you hear about us?*

* In our ongoing efforts to develop and assess effective recruitment strategies, we ask that you identify the source as specifically as possible.

Educational Experience (Must be filled out completely. “See attached resume” is not acceptable.)

	Name of School and Location	Attended		Years Completed	Did You Graduate?	Major Subject	Degree Received
		From	To				
High School							
College, University Or Technical School							
Graduate School							
Graduate School							
Memberships/ Affiliations Relevant to the Internship							

Work Experience (*Must be filled out completely. "See attached resume" is not acceptable.*)

Name, Address, & Telephone Number of Employers	From: (mo/yyyy)	To: (mo/yyyy)	Title and Duties of Your Position
Supervisor:			
Supervisor:			
Supervisor:			

<p>Computer Experience Describe your software and/or programming experience (& level of skill, i.e. proficient, intermediate, etc.)</p>
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<i>Certificates and Licenses</i> Teaching Certificates/Professional Licenses	Permanent or Provisional	Certificate or License #	Name of Issuing Agency or State	Effective Date	Expiration Date

References (<i>List three people who can attest to your experience, character, and skills.</i>)		
Name	Name	Name
Address (street, city, state, zip code)	Address (street, city, state, zip code)	Address (street, city, state, zip code)
Telephone Number ()	Telephone Number ()	Telephone Number ()
Title	Title	Title

I affirm that all statements made on this form, including any accompanying documents, are true under penalty of perjury. I further authorize verification of information provided herewith prior to appointment. I understand that any false statements made on this form or accompanying documents may nullify my appointment or lead to my dismissal.

Signature	Date
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Please describe yourself in relation to the position to which you are seeking. What do you hope to gain from this experience with Adult Career and Continuing Education Services (ACCES)? What do you believe you have to offer the Department? **This question requires a well written detailed response. Candidates who do not complete this section will not be considered for appointment.**

Skills and Proficiencies in Languages Other than English

If you have skills and proficiencies in a language other than English (e.g., Spanish, Mandarin Chinese, American Sign Language, Braille, etc.), please indicate below. If you have more than one language and/or proficiency, list all applicable. Your responses will assist us in providing a welcoming environment for our colleagues, and an additional capacity for service to a broad range of customers and the communities they represent.

Speaking	Language: _____	Language: _____	Language: _____
	Proficiency: _____	Proficiency: _____	Proficiency: _____
Reading	Language: _____	Language: _____	Language: _____
	Proficiency: _____	Proficiency: _____	Proficiency: _____
Writing	Language: _____	Language: _____	Language: _____
	Proficiency: _____	Proficiency: _____	Proficiency: _____

If you have skills and proficiencies in American Sign Language, please indicate below. Leave blank if not applicable.

American Sign Language	<u>Advanced</u>	<u>Intermediate</u>	<u>Beginner</u>
	Expressive <input type="checkbox"/>	Expressive <input type="checkbox"/>	Expressive <input type="checkbox"/>
	Receptive <input type="checkbox"/>	Receptive <input type="checkbox"/>	Receptive <input type="checkbox"/>

Candidates must email their application, resume, and copy of school transcript (student copy is acceptable) to the address below.

VRInternships@nysed.gov