

NEW JERSEY CIVIL SERVICE COMMISSION
DIVISION OF AGENCY SERVICES

CSC Rec'd
Date: _____

Student Intern Employee Registration Form

Items # 3 & 4 are voluntary and are asked for record keeping purposes only. Collection of this data is pursuant to NJSA 11A:6-25 and NJAC 4A:6-4.2(c.). Your social security number will be kept confidential and used as your applicant I.D. number to identify correctly and track all of your records and transactions associated with this application. Collecting this data is permissible under NJSA 11A:4-1. is requested for identification purposes only.

Employee Identification and Personal Data (To be completed by Student Intern)

1. Employee's Name (Last, First, Middle)		
2. Social Security Number:		
3. Date of Birth (m/d/y):	Gender:	
4. EEO Race/Ethnicity		
<input type="checkbox"/> Black (Non-Hispanic)	<input type="checkbox"/> White	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian or Pacific Islander		
5. Home Address:		
Street Number	Street Name	City, State & Zip Code
6. Educational Institution		
7. Major/course of study:		
8. Anticipated Graduation Date (mm/dd/yy):		

Agency Information (To be completed by Appointing Authority)

Juris./Dept Code:	Jurisdiction:
Department/Division/Bureau:	
Division/Bureau	
Target title	Target Title Code:
Intern Start Date (mm/dd/yy):	Starting Salary:

Certifications and Signatures

1. **Employee:** I certify that the statements made concerning me in Section A are to the best of my knowledge true and correct.

Signature of Employee _____ Date: _____

Print: _____

2. **Appointing Authority:** I certify that the action herein requested is consistent with and conforms to pertinent Personnel Rules and Regulations.

Signature _____ Date: _____

Print _____