

# Internship Incentive Program Application

*for High School Students*

## Employer Information

Business Name \_\_\_\_\_ FEIN \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employer Contact Name \_\_\_\_\_

Employer Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

My name and signature below indicates that I agree to the terms of the Internship Grant Program contract.

Employer's Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Select the industry area of the internship

- Financial Services       Health Care       Retail, Hospitality & Tourism       Construction & Utilities  
 Life Sciences       Technology       Transportation, Logistics & Distribution       Advanced Manufacturing

## Intern Information

Intern Name \_\_\_\_\_ Gender  Male  Female Phone \_\_\_\_\_

Intern Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

U.S. Citizen?  Yes  No Permanent?  Yes  No Date of Birth \_\_\_\_\_

Alien Registration # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Briefly describe intern's job duties \_\_\_\_\_

Hourly wage to be paid to intern \_\_\_\_\_ Number of hours per week \_\_\_\_\_

Approximate start date \_\_\_\_\_ Approximate end date \_\_\_\_\_

Name of school \_\_\_\_\_ Grade level \_\_\_\_\_

Address of school \_\_\_\_\_

Student Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Our signatures below indicate that the SLE Coordinator or Cooperative Education Coordinator (CEC) will follow all regulatory requirements. By signing this form, the SLE Coordinator or CEC agrees to act as the intermediary between the New Jersey Department of Labor & Workforce Development and the participant employer.

\*SLE Coordinator or CEC Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

School Administrator Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

*\*Private schools may have an alternate title for the individual responsible for supervising worksite experiences.*



ALL FIELDS above must be filled in completely and accurately prior to the application being considered.

Email application to: [Internships@dol.nj.gov](mailto:Internships@dol.nj.gov)

## TERMS OF AGREEMENT

### The employer agrees:

1. To provide training and supervision to student in order that the student may attain work experience within New Jersey's eight key industries. The LWD will provide to the employer 50 percent of the student's salary during the Internship period on a cost reimbursement basis. LWD will match employer's contributions up to \$1,500. These match funds cannot be used to satisfy a cost-sharing or matching requirement of another program. Holiday, sick, vacation and overtime are not reimbursable under this program.
2. To employ under this agreement only student interns enrolled in a New Jersey high school, college or university who have been certified by the NJ Department of Labor & Workforce Development (LWD) as eligible for program services.
3. To ensure that no currently employed worker is displaced by any student in the Internship Program; no student may be employed under this program if any other individual is on layoff from the same or equivalent job or when the employer has terminated any regular employee without cause or otherwise reduced its workforce with the intention of filling the vacancy so created by hiring a student whose wages are subsidized by this program; and no student may be employed that is directly related to a supervisor or the employer.
4. To electronically acknowledge the contract application and supporting payroll documentation to the LWD for the 50 percent reimbursement of the student's wages. To cooperate with the LWD in evaluating the progress of the student participant, and in such cases where termination is determined by the employer to be warranted, to contact the LWD before termination.
5. That this contract is being entered into with the expectation and understanding that upon completion of the graduation, the employer will consider employment of student intern. That if, for any reason, the student would not be considered for employment the employer may be required to submit to the LWD documentation.
6. That nothing herein alters the nature of the employment relationship (at-will or other) between the student and the employer. However, if it is determined by the LWD that the employer has breached any of the provisions of this agreement, the LWD may refuse payment of any invoice(s) and may seek reimbursement of funds paid to the employer by the LWD under this contract.
7. To be in compliance with all federal and State laws and regulations, including but not limited to, the minimum wage rate of \$8.44 per hour, the requirement that the employer provide workers' compensation protection for the student participant and the requirement that the employer not discriminate against any person who is employed in the work covered by this contract or against any applicant for such employment because of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, familial status, disability, nationality, sex, gender identity or expression or source of lawful income used for rental or mortgage payments, subject only to conditions and limitations applicable alike to all persons.

***By electronically acknowledging the Internship contract application and submission of payroll documentation for an Internship Grant program participant, the employer hereby covenants and agrees to the general provisions outlined above and those stated in the program provisions document.***