

**Commonwealth of Pennsylvania
State Civil Service Commission**

**APPLICATION SUPPLEMENT NO. 2016-032-1
for
COMMONWEALTH PUBLIC SERVICE INTERN (08001)**

PARTICIPATION FORM

SECTION A (TO BE COMPLETED BY STUDENT): The completed form (Sections A/Student & B/School Official) must be submitted **within 20 days of the Date of Online Application.**

You must currently be enrolled as a full-time undergraduate student in an accredited college/university in a declared bachelor's degree program, and must have successfully completed at least thirty (30) college credits and anticipate the completion of at least sixty (60) college credits at the time of hire. Please indicate your major field of study by checking one box below.

Agriculture, Environmental,
and Science

Architecture

Arts, Fine Arts, and Music

Behavioral/Social Science
and Human Services

Business, Accounting and
Finance, and Management

Communications

Conservation, Natural
Resources, and Recreation

Education

Engineering

Health Care

Information Systems and
Computer Science

Liberal Arts

Student Name

Date of Online Application

Student Electronic Signature - Type Full Name

**Daytime Telephone Numbers
(Between 9:00 AM - 5:00 PM)**

Email Address

(_____) _____
Home Phone Number (include area code)

Street Address

(_____) _____
School Phone Number (include area code)

City

State

Zip Code

(_____) _____
Cell Phone Number (include area code)

SECTION B (TO BE COMPLETED BY SCHOOL): A designated school official must complete Section B and submit the form **within 20 days of the date in Section A (Date of Online Application).**

We approve of this student's participation, if selected, into the Commonwealth Public Service Intern Program with the Commonwealth of Pennsylvania. This student is registered as a full-time undergraduate student in an accredited college/university in a declared bachelor's degree program, has successfully completed at least thirty (30) college credits and anticipates the completion of at least sixty (60) college credits at the time of hire, is currently in good academic standing, and meets all other school requirements for participation in this internship program.

Name of Authorized School Representative

Electronic Signature of Authorized School Representative

Title

Date

School Name

(_____) _____
Telephone Number (include area code)

School Street Address

Email Address

City

State

Zip Code

After completing Section B, submit the form by email to the following address:

ra-cs-internship@pa.gov

Please type "2016-032-1" in the subject line.

Click [here](#) to download the latest version of Adobe Reader to submit the Application Supplement.