



## APPLICATION FOR INTERNSHIP PROGRAM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name you wish to be called: \_\_\_\_\_ Which term are you applying for? \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_

Email address: \_\_\_\_\_

Hours of Availability – Weekdays \_\_\_\_\_

Hours of Availability – Weekends \_\_\_\_\_

Have you ever been arrested or detained by a law enforcement agency for any reason? [ ] Yes [ ] No

If yes, attach a separate page describing the incident to include dates and law enforcement agency information.

Faculty Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In case of Emergency, person to contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Completed applications can be submitted to the Internship Program Coordinator via email at [employeeedevlopment@pgorda.us](mailto:employeeedevlopment@pgorda.us). For questions or concerns, please call 941-575-5571.**

### DEPARTMENT USE ONLY

Records Check \_\_\_\_\_ DL: \_\_\_\_\_ Criminal History: \_\_\_\_\_

Valid for: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_