

## COUNTY INTERNSHIP APPLICATION

APPLICANT INFORMATION			
Last Name		First	Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available to begin work			Full Time or Part Time
Position Applied for			
Department			
EDUCATION			
<i>To check a box, double-click and under Default Value select Checked</i>			
Name of College or University			
Number of Years Completed	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Major	
Name of College or University			
Number of Years Completed	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Major	
Name of College or University			
Number of Years Completed	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Major	
REFERENCES			
<i>Please list at least two professional references ( academic or employment related )</i>			
Full Name		Relationship	
Company		Phone (    )	
Address			
Full Name		Relationship	
Company		Phone (    )	
Address			
Full Name		Relationship	
Company		Phone (    )	
Address			

**OTHER**Computer PC      YES       NO Computer MAC      YES       NO Applications and/or  
Other Skills

**To apply, complete and save this document to your computer, then submit this application along with a resume to the county contact person listed on the job posting for which you are applying.**