



Internship Application

To be considered for an internship, you should be an active student with a minimum GPA of 3.0 and your major course of study must be related to the major function of the internship you are applying to. All applicants must provide a transcript that reflects their current major, academic standing, GPA & course completion.

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|---|--|--|------|
| Name: | Phone: | Internship Period (Semester/Summer) | |
| Address: | School attending: | Major: | GPA: |
| Expected graduation date: | SSN: | DOB: | |
| Driver License Number: | Are you a U.S. citizen or are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Briefly describe why you would like to become an intern at PRMRWSA: | | | |
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Expected Internship Goals:

| Related Coursework | |
|--|--|
| List courses completed within your major. Please exclude general education requirements. | |
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| Education | | | | | |
|------------------|-------|--------|----------|-------|--------|
| | Years | School | Location | Major | Degree |
| High School | | | | | |
| College | | | | | |
| Vocational | | | | | |
| Other | | | | | |
| Certifications: | | | | | |

Employment History

Describe your work experience, beginning with your current or most recent job or job-related volunteer work

| | |
|--|---|
| Name of Employer: Position: Dates: From: _____ To: _____ | Duties or responsibilities: Reason of Leaving: |
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References /Letter of Recommendation

The Authority requires at least one reference to be submitted with the application.

| Name | Relationship | Phone Number | Email |
|------|--------------|--------------|-------|
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Certification

I understand that omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me for internship consideration. I understand that any information I provide may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for internship purposes. This consent shall continue to be effective during my internship. I understand that applications submitted for state internships are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature: _____ Date: _____

Equal Opportunity Employer/ Equal Access Employer /Drug-Free Workplace