



## INTERNSHIP APPLICATION

In order to be considered for an internship, you must submit a signed and completed application form along with your resume. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

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

Name of School and Address:

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Area of Study \_\_\_\_\_

Permanent Address:

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School Phone Number: \_\_\_\_\_ Permanent Phone Number: \_\_\_\_\_

E-mail Address (please list one you use regularly):

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Are you legally eligible to work in the U.S.?

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If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment?

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Dates and preferred weekdays available to perform internship:

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**Most Recent Employment History (May include paid, volunteer, and intern positions)**

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Supervisor's Name & Title: \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Supervisor's Name & Title: \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



ANGELA C.  
**EVANS**  
FAYETTE COUNTY ATTORNEY

**References**

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

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known How Long: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known How Long: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known How Long: \_\_\_\_\_

Scholastic Honors and/or Licenses:

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Community/Professional organizations, honors and awards:

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Activities relevant to the internship(s) for which you are applying:

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Why would you like to work as an FCAO intern?

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ANGELA C.  
**EVANS**  
FAYETTE COUNTY ATTORNEY

I certify that all the statements in this application are true and complete to the best of my knowledge.  
I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_