APPLICATION FOR INTERNSHIP PROGRAM

Name: _____ Date of Birth: _____ Age: _____

Name you wish to be called:_____

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 employeedevelopment@pgorda.us. For questions or concerns, please call 941-575-5571.

DEPARTMENT USE ONLY

Records Check _____ **DL:** _____**Criminal History:** _____

Valid for: _____

Approved By: _____**Date:** _____