

### CHARLOTTE COUNTY GOVERNMENT HUMAN RESOURCES

## **Internship Application**

To be considered for an internship, your course of study, previous experience and activities must relate to the requirements and major functions of the classification specification.

Name	Employee ID#	Internship Period: (Semester/Summer)			
Address	Daytime Phone	Area of Concentration			
	Evening Phone	Expected Job Title			
Career goal post graduation:					
Briefly describe why you wish to become an	intern with Charlotte County Gove	rnment.			
Briefly describe why you feel you are the mo	ost qualified individual for this prog	ram.			
bieny describe why you reer you are the most quained manual for this program.					
Briefly summarize the type of internship experience you are seeking.					
Concentration/Related Coursework					
List cour	rses completed within your area of	concentration.			



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<b>Employment History</b> Beginning with your present position, list, in reverse order, the last 5 years of employment history. You may attach additional sheets if additional space is needed.							
Dates	Position/Title Department/Supervisor						
From: to							
Duties							
Reason for Leaving							
Dates	Position/Title		Department/Su	Department/Supervisor			
From: to							
Duties							
Reason for Leaving							
Education							
	Years	School	Location	Major	Degree (Please Specify)		
High School							
College							
Graduate Study							
Vocational							
Other							



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Skills/Professional Certifications				
List any skills/certifications relevant to the position for which you are applying				
(i.e. typing, Microsoft Office, Word, Excel, Access, AutoCAD, etc.)				
Certification and Agreement				
I understand that my personnel file may be reviewed if I am being considered for this position. I also understand that my				
attendance records, safety records, and overall performance may be discussed.				
I certify that the information provided herein is true and accurate to the best of my knowledge.				

Return completed application to Human Resources Department via fax 941.743.1254 or email to Michele.Fitzgerald@CharlotteCountyFL.gov

Date:

Application reviewed/approved:

Signature:

Human Resources Director or designee: