OFFICE OF ASSEMBLYMAN FRANK K. SKARTADOS
INTERNSHIP APPLICATION

1. NAME _____

2. PRESENT ADDRESS _____
(until _____)

(City) _____ (State) _____ (Zip) _____

3. TELEPHONE ( ) _____ CELL ( ) _____

4. E-MAIL ADDRESS_____

5. PERMANENT ADDRESS _____

(City) _____ (State) _____ (Zip) _____

6. COUNTY_____

7. TELEPHONE ( ) _____

8. CURRENT ACADEMIC STATUS ❒ Junior ❒ Senior ❒ Other (Please specify) _____

9. UNDERGRADUATE SCHOOL(S):

COLLEGE/UNIVERSITY	MAJOR	MINOR	DEGREE	DATE RECEIVED	GPA

OR HIGH SCHOOL, IF APPLICABLE:

HIGH SCHOOL	GPA	DIPLOMA/DATE RECEIVED

10. PLANS FOR 2012-2013:
_____
_____
_____

11. ACADEMIC HONORS:
_____

_____
_____
_____
_____

12. EXTRACURRICULAR ACTIVITIES:
_____
_____
_____
_____

13. WORK EXPERIENCE (list dates, employer, address, title and duties)

DATES	EMPLOYER/ADDRESS	TITLE	DUTIES

❏ PLEASE CHECK IF RESUMÉ IS ATTACHED

14. LIST NAMES AND PHONE NUMBERS OF THREE (3) REFERENCES:
(1) _____
(2) _____
(3) _____

15. DO YOU PLAN ON RECEIVING COLLEGE CREDIT TOWARDS GRADUATION UPON COMPLETION OF THIS INTERNSHIP?

YES _____ NO _____

IF YES, PLEASE INDICATE AMOUNT OF CREDIT(S) _____

FACULTY SUPERVISOR'S NAME _____
DEPARTMENT _____ E-MAIL _____ PHONE _____
COLLEGE/UNIVERSITY _____

16. LIST ANY PUBLIC POLICY AREAS OR OTHER AREAS IN WHICH YOU ARE INTERESTED. INDICATE THE ACADEMIC STUDIES OR EXPERIENCES THAT HAVE PROVIDED YOU WITH THE NECESSARY BACKGROUND FOR THAT INTERNSHIP ASSIGNMENT. ATTACH ADDITIONAL SHEET IF NECESSARY:
_____
_____
_____
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_____

17. PLEASE ENCLOSE A RESUMÉ AND COVER LETTER. RESUMÉ AND COVER LETTER WILL NOT BE RETURNED.

18. ALL OF THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL MATERIALS SUBMITTED WITH THIS APPLICATION WILL NOT BE RETURNED AND ARE FOR THE CONFIDENTIAL USE OF THE 104TH DISTRICT OFFICE IN CONNECTION WITH MY ACCEPTANCE FOR THE INTERNSHIP. I HAVE ANSWERED ALL QUESTIONS AS DIRECTED AND ENCLOSED ALL OF THE REQUIRED SUPPORTING DOCUMENTS. TO ENSURE THAT OTHER APPLICANTS RECEIVE FULL CONSIDERATION, I WILL NOTIFY THE 104TH DISTRICT OFFICE IMMEDIATELY IF I WITHDRAW MY APPLICATION FOR ANY REASON.

SIGNATURE _____ DATE _____