

**St. Mary's County Metropolitan Commission
INTERNSHIP PROGRAM APPLICATION**

1. Personal Data

Name: _____ Social Security # _____
Last First Middle

Home Address: _____
Street City State Zip

School Address: _____
Street City State Zip

Phone Numbers *home:* _____ *school:* _____ *cell:* _____

E-mail Address: _____ Are you 18 years or over? yes no

2. Desired Internship Placement

Preference for Placement: Summer Year –Round

Choice of Department: 1. _____ 2. _____
3. _____ 4. _____

3. Education

You must submit an official sealed transcript from your current educational institution with your application. Identify below the educational institution you are currently attending.

Name of Institution: _____ Major: _____

Location: _____ Degree: _____
City

Class Status: Sophomore Junior Senior Graduate – Year 1st 2nd 3rd

4. References

Do not list relatives

1. Name: _____ Phone # _____

Street Address City State Zip

2. Name: _____ Phone # _____

Street Address City State Zip

5. Skills

List office skills and identify any computer software applications (e.i. Word, Excel, Access, etc.) that will assist you in your job functions.

6. Honors, Awards, and other Recognition of Achievement

List any awards, honors or recognition of achievement you have received.

7. Other

Are you related by blood or marriage to any Metropolitan Commission employee(s) or any member of the Metropolitan Board of Commissioners?

 Yes NO If Yes Complete the following : Name _____ Relationship _____

I hereby declare that the information contained herein is true and complete.

Applicants Signature

Date

