

Name: _____
(Last) (First) (Middle)

 (City) (State) (Zip Code)

Email: _____

Cumulative Grade Point Average (GPA): _____

Grade Point Average in field of study: _____

Name and phone number of Placement Advisor: _____

School deadline for internship acceptance: _____

Specific area of interest for internship: _____

Date internship begins: _____ Date internship ends: _____

Total number of internship hours needed: _____ Hours per week: _____

Days and times available: _____

Are you willing to use your personal vehicle for internship-related travel? _____ Yes _____ No

* In the past five years, have you been convicted of a misdemeanor (including traffic violations)?

Yes No

If yes, please provide dates and details: _____

* Have you ever been convicted of a felony? Yes No

If yes, please provide dates and details:

Do you have any pending charges?	None	Misdemeanor	Felony

If yes, please provide details: _____

* This information will be verified. Affirmative answers will not necessarily exclude you from internship; however, the information will be considered insofar as it relates to the assigned areas of your internship.

Please list three references, including name and phone number(s). Indicate whether each reference is personal or professional.

(1) _____ personal / professional

(2) _____ personal / professional

(3) _____ personal / professional

The following information must accompany the internship application:

- ☐ Transcript noting overall GPA and Field of Study GPA
- ☐ Current resume, including professional certification, licenses, diplomas or degrees and schools or agencies granting them.
- ☐ List of skills, strengths and growth areas as they would apply to your internship.
- ☐ A one-page statement regarding why you are interested in completing your internship at Ashe County Department of Social Services.
- ☐ Three letters of reference (non-relatives).
- ☐ A copy of your driver's license.
- ☐ Acknowledgement form.
- ☐ Restricted Case Record Declaration.

The information supplied by me in this application is complete and true to the best of my knowledge. I understand that any misstatement, misrepresentation or omission of material facts shall cause forfeiture of all rights to internship in the municipal service of Ashe County.

I recognize the need for Ashe County to examine and verify information pertaining to my qualifications for volunteer service and/or internship programs and hereby freely consent to allowing Ashe County to verify the information contained herein. I further authorize the release of such information to the County for application verification purposes and to verify the above information.

By my signature below, I understand that all occupants of County-owned or County-insured vehicles shall wear safety belts while the vehicle is in operation. This provision shall also apply to leased or personally owned vehicles used for County business.

Signature: _____ Date: _____

Return completed application and requested information to:

Ashe County Department of Social Services
150 Government Circle, Suite 1400, Jefferson NC 28640
ATTN: Michele Blevins, Administrative Officer
(336) 846-5719 Fax: (336) 846-5779
Email: micheleblevins@ashecourt.gov