



Summer Internship Application 2018

Please submit this application with your résumé, cover letter, and two academic or professional recommendations to humanresources@eaglepasstx.us . Subject Title: Internship App – Name of the Applicant.

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Email

Date Available to start the internship: Social Security No.:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you part of a civic or fraternal organization? YES NO If yes, which one?

Have you ever worked for the City of Eagle Pass? YES NO

If yes, explain when, where and with whom:

Have you ever participated in an internship? YES NO

If yes, explain when, where and with whom:

Have you ever been convicted of a felony? YES NO

If yes, explain when, why and which felony:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Department:

From: To: Did you graduate? YES NO Degree:

Accumulative Grade Point Average (GPA):

Are you a: Freshman Sophomore Junior Senior Graduate Student Recent Graduate

Other Colleges, Technical/ Vocational School or University Attended

Other: _____ Department: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two academic or professional references that we may contact (i.e. mentors, academic advisers, professor, supervisor etc.).

Reference 1

Full Name: _____ Relationship: _____

Institution or College: _____ Phone: _____

Email address: _____

Reference 2

Full Name: _____ Relationship: _____

Institution or College: _____ Phone: _____

Email address: _____

Internship Questions

Name the Department within the City of Eagle Pass you are interested in applying and briefly explain why?

Briefly explain your professional goals and ambitions

Summarize your strengths below

Military Service

Are you Military Veteran? YES NO

Are you in the Military Reserve or National Guard? YES NO

If Military Veteran, Reserve or National Guard, please complete the information below:

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Any false or misleading information may result in my immediate release.

If this application leads to be selected for the City of Eagle Pass Summer Internship Program, I understand that I will be subject to a background check and I will have to sign a confidentiality agreement with the City of Eagle Pass.

Printed Name: _____ Date: _____

Signature: _____

Deadline April 27, 2018