



## Summer Internship Form

In order to be considered for an internship, you must submit a completed application form along with your resume and cover letter. Please send both to [recruitment@co.madison.oh.us](mailto:recruitment@co.madison.oh.us).

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

First (M.I.) Last

Address: \_\_\_\_\_

Street Address Apartment/Unit #

City State ZIP Code

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Dates Available: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

Areas of Interest/Job Title: \_\_\_\_\_

Highest Education Completed: \_\_\_\_\_

Are you currently enrolled in a college/University? \_\_\_\_\_

If yes, what is your current Major/ Area of Study? \_\_\_\_\_

Are you requesting that your college grant you credit hours for your internship? YES  NO

University Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Are you authorized to work in the United States? YES  NO

Name: \_\_\_\_\_

In case of Emergency Contact:

Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

## REFERENCES

Please list a reference whom we may contact.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

## ACKNOWLEDGMENT

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the internship program, I understand that false or misleading information in my application or interview may result in my release. I agree to allow Madison County of Ohio to investigate my references, work record and education.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Madison County is firmly committed to Equal Employment Opportunity (EEO) and prohibits employment discrimination for employees and applicants based on his or her age, race, color, pregnancy, gender, gender identity, sexual orientation, national origin, religion, marital status, citizenship, or because he or she is an individual with a disability, protected veteran or other status protected by federal, state, and local laws.*