



Montgomery County Commissioners Office Internship Application

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|---|--|--------|-------------------|------|----------|
| Personal Information | | | | | |
| First Name | | Middle | | Last | |
| Street Address | | | | | Apt/Unit |
| City | | | State | | Zip Code |
| Phone Number | | | Cell Phone Number | | |
| E-mail Address | | | | | |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | | | | |
| Would you consent to a criminal background check? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Have you ever applied for or held an internship position with Montgomery County before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Department and dates: | | | | | |

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|--|--------|---------|-----------|----------|--------|
| Availability | | | | | |
| Approximately how many hours per week are you looking to work? (Please note: This is not a guarantee) | | | | | |
| Please check your general availability | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning (approx. 8:30-1) | | | | | |
| Afternoon (approx. 12:30-4:15) | | | | | |
| All Day (approx. 8:30-4:15) | | | | | |

| Education/Employment Information | |
|---|---|
| Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed | |
| Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No | Please list your school and concentration(s)/minor(s): School: Concentration(s): Minor(s): |
| Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Graduate <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior | |

| Disclaimer and Signature | |
|---|-------|
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release. | |
| Signature: | Date: |