



# PINE COUNTY INTERNSHIP APPLICATION

The information on this application will help us assess your qualifications. Please read the questions carefully and complete all sections as applicable. Your application should be accompanied by a cover letter and resume.

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City/State Zip

### College Information

College Major/Minor Year in Program Overall GPA

Advisor Name Department Phone

Future Career Goal \_\_\_\_\_

Day(s)/Times Available(Circle day(s)/note times): S/\_\_\_\_ M/\_\_\_\_ T/\_\_\_\_ W/\_\_\_\_ R/\_\_\_\_ F/\_\_\_\_ S/\_\_\_\_

Date Available to start:\_\_\_\_\_ Minimum hours required:\_\_\_\_\_ Approximate End date: \_\_\_\_\_

List experience/training/education related to posted internship position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List community service organizations or clubs to which you belong:

\_\_\_\_\_

List hobbies and special interests:

\_\_\_\_\_

Are you a licensed driver: YES NO Driver's License Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Agent \_\_\_\_\_ Policy # \_\_\_\_\_

Drivers' License: Operator \_\_\_\_ CDL-A \_\_\_\_ CDL-B \_\_\_\_ CDL-C \_\_\_\_

Certifications: CPR \_\_\_\_\_ First Aid \_\_\_\_\_ Other \_\_\_\_\_

Do you require any special accommodations, if so, please specify:

\_\_\_\_\_

### References:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Acquainted \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Acquainted \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Acquainted \_\_\_\_\_ Relationship \_\_\_\_\_

*I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from service. I hereby authorize investigation of all statements I have made herein. I authorize the companies or persons named herein to give any information regarding my past employment, together with any information that they have regarding me, whether or not it is on their records. I hereby release said companies or persons and Pine County from all liability for any damages whatsoever for issuing or obtaining this information. In the event that I am selected for service by Pine County, I agree to comply with all its policies, rules and regulations.*

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

## CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_ understand that I may be held legally liable, as well as being subject to dismissal for releasing private or confidential information without having been given the specific authority to do so.

For the purpose of this internship, private and confidential information is defined as any information regarding an adult or juvenile offender (past or current) that has been assigned to this agency for supervision or services.

Signature of Applicant: \_\_\_\_\_ Date:

Signature of Supervisor: \_\_\_\_\_ Date:

Copy to:

**Pine County Administrator's Office**

635 Northridge Dr NW Suite 200

Pine City, MN 55063

Phone: 320-591-1620

Fax: 320-591-1628

Toll Free: 1-800-450-7463