MISSOURI GOVERNMENT INTERNSHIP PROGRAM

Application (page 1) - Online Form also available

Last	First	Middle	Initial		
Social Security Number:		Phone Number:			
Banner ID Number:					
(irksville Address:					
Home Address:	211	0.1		Zip Code	
·	Street	City	State	Zip Code	
Home Phone Number:	E	-mail Address:			
Major:	Minor:				
Class Standing by Hours:	F	Proposed Graduation Date:			
Academic Advisor:	Nur	mber of Hrs. Desire	d for Interr	nship:	
Missouri Senatorial District:	Missouri	State Representati	ve District:	·	
Missouri State Senator:	Mis	ssouri State Repres	entative: _		
Are you authorized to work in the U.S	S.? Yes I	No			
Have you ever been convicted for an	ything other than a m	inor traffic violation	? No	Yes	
Please list faculty or staff who can pro	ovide recommendatio	ons for you.			
		·			
1.					
1		_			
2Please attach the following:				laha ahus	
2 Please attach the following: 1. a current resume listing education,	work experience (inc	clude both on and o	ff campus	jobs plus	
2	work experience (inc ers), and university a	clude both on and o	ff campus	jobs plus	
	work experience (inc ers), and university a work is encouraged)	clude both on and o	ff campus	jobs plus	

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Application (page 2)

Name:			
Last		First	Middle Initial
Hobbies, special into:	erests, etc.		
Computer Skills:			
What types of activit	ies, tasks, etc. do you fee	el you do well?	
Which do you feel a	re more difficult?		
What are your future careers you have co		indicate more than one	career if you desire, or indicate
What do you expect	to gain from the Missouri	Government Internship	o Program?
I I have carefully rea I would be able to fu	d the information outlining lfill those duties.	g the requirements and	likely duties of the internship and fee
	orm and attachments to P nail pr@truman.edu.	ublic Relations Office, N	Date: McClain 202.

Truman State University