

CHARLOTTE COUNTY GOVERNMENT HUMAN RESOURCES

Internship Application

To be considered for an internship, your course of study, previous experience and activities must relate to the requirements and major functions of the classification specification.

Name	Employee ID#	Internship Period: (Semester/Summer)
Address	Daytime Phone	Area of Concentration
	Evening Phone	Expected Job Title
Career goal post graduation:		
Briefly describe why you wish to become an intern wi	th Charlotte County Gove	ernment.
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Briefly describe why you feel you are the most qualified	ed individual for this prog	gram.
Briefly summarize the type of internship experience y	ou are seeking.	
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	ration/Related Cours leted within your area or	



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Begir		Employme present position, list, in reve ou may attach additional shee			story.	
Dates		Position/Title	Department/Su	pervisor		
From: to						
Duties						
Reason for Leaving						
Dates		Position/Title	Department/Su	pervisor		
From: to						
Duties						
Reason for Leaving						
Education						
	Years	School	Location	Major	Degree (Please Specify)	
High School						
College						
Graduate Study						
Vocational						
Other						



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Skills/Professional Certifications List any skills/certifications relevant to the position for which you are applying				
(i.e. typing, Microsoft Office, Word, Excel, Access, AutoCAD, etc.)				
Certification and Agreement				
I understand that my personnel file may be reviewed if I am being considered for this position. I also understand that my attendance records, safety records, and overall performance may be discussed. I certify that the information provided herein is true and accurate to the best of my knowledge.				
Signature: Date:				
Return completed application to Human Resources Department via fax 941.743.1254 or email to Michele.Fitzgerald@CharlotteCountyFL.gov	0			
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