

Intern Application

Completion of this application packet and a successful background check is a requirement for your Internship with the office of the Governor



Biographical Information

Legal Name: _____
Last First Middle

Mr. Ms. Mrs. Other: _____ Nickname or Preferred Name: _____

(Check one or fill in "Other".)

DOB: _____ Place of Birth: _____

Residence Address: _____
Street City State Zip

E-mail: _____ Home Phone: _____ Cell Phone/Pager: _____

Have you ever been known by any other legal name? Yes No

If "Yes" list and explain: _____

Are you a U.S. Citizen: Yes No If "No" explain: _____

If you are a naturalized citizen, date of naturalization: _____ Are you a Veteran? Yes No

How long have you been a resident of Nevada? _____

Professional Information

Present Employer and/or School Attending: _____
Company/School Name

Address: _____
Street City State Zip

Phone: _____ Ext. _____ E-Mail _____

Job Title/Responsibilities: _____

Educational History – specify school attended, year of graduation and type of degree received

High School or high school equivalence (G.E.D.): _____

Undergraduate: _____

Graduate: _____

References

- 1. _____

Name	Title/Company	State	Zip
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- 2. _____

Name	Title/Company	State	Zip
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- 3. _____

Name	Title/Company	State	Zip
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Background Information

- 1. Have you ever had your driver’s license suspended or revoked? Yes No
- 2. Have you ever been arrested or convicted of a criminal offense or complaint, including traffic offenses? Yes No
- 3. Have you been the subject of any previous background check due to appointment to a federal, state or local agency or board? Yes No

I certify that the facts contained in this application are true and correct to the best of my knowledge. I further authorize the Governor’s office to do any and all necessary background checks in order to obtain this position.

Signature Date