

## Intern Application

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



### 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 |
| 2. | _____ | Name | Title/Company | State | Zip |
| 3. | _____ | Name | Title/Company | State | Zip |

**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
-----------	------