

INTERNSHIP APPLICATION

Personal Information									
Last	First	MI	Email	Email					
Street Address		City	State	Zip	Home Phone	Mobile			
Are you entitled to work in the United States?			Date o	of Birth	SSN:				
How did you hear about our internship?		Date A	ate Available:						
Prior Work Experien	ce								
	Current/Most Recent		Prior		Prior				
Employer									
Address									
City, State, ZIP									
Dates of Employment	From	То	From	То	From	То			
Position/Job Title									
Reason for Leaving									

Education												
	Name/Location			Years Completed				Degree			Major	
High School					9 1	0 11	12					
College/University					1	2 3	4					
Other												
List any applicable special skills, training or personnel experience.												
Internships may be available in the following areas, please select your top 3 areas of interest. Please see website for acronym list.		KYP	PR	ΑE	FS	OSV	ΙΤ	IH	LGL	SAF	RI	FD

Disclaimer - By signing, I hereby certify that the above	Signature	Date
information and attached documents, to the best of my		
knowledge, is correct. I understand that falsification of this		
information may prevent me from being hired or lead to my		
dismissal if hired.		

Please include your <u>resume</u>, <u>cover letter</u> and <u>three references</u> with your application.

Deadline to Apply: January 15th, 2025

Send to:

KDA Internship Program 105 Corporate Drive Frankfort, KY 40601 (502) 782-0291 ag.web@ky.gov

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