



Broward County Public Schools
Legislative Affairs Internship Program
Intern Application

Internship Semester:	<input type="checkbox"/> Spring 2016 <input type="checkbox"/> Summer 2016 <input type="checkbox"/> Fall 2016
Are you planning on receiving credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What days are you available to work?	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

First Name:		Last Name:	
Address:			
City:	State:	Zip Code:	
Email Address:		Phone Number:	

High School Graduation Date:	High School Name
College/ University Enrolled In:	Major/Minor
GPA:	Expected Graduation Date:
Are you 18 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US citizen or an alien authorized to work in the U.S.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime regardless if it has been expunged from the court?	<input type="checkbox"/> Yes <input type="checkbox"/> No

