

## Broward County Public Schools Legislative Affairs Internship Program Intern Application

Internship Semester:	Spring [	Summer	∏Fall		
Are you planning on receiving credit?	□Yes □f	No			
What days are you available to work?	☐Mon ☐	Tues 🗌	Wed □TI	nurs [Fri	
First Name:		Last Name:			
	Ad	dress:			
City:		State:		Zip Code:	
Email Address:		Phone Number:			
High School Graduation Da	tor		High School	Nama	
High School Graduation Da	ie.		High School	i Naille	
College/ University Enrolled In:		Major/Minor			
			•		
GPA:		Expected Graduation Date:			
Are you 18 years or older?			□Yes	□No	
Are you a US citizen or an alie authorized to work in the U.S.	n		□Yes	□No	
Have you ever been convicted crime regardless if it has been expunded from the court?			□Yes	□No	

List an	y previous internships:				
List any previous internships.					
Why do you want intern with the Broward County Public Schools Department of Legislative Affairs?					
	79.0.a				
I certify that all of the statements in this application are true and complete to the best of my					
knowledge. I understand that a false or incomplete answer may be grounds for not considering					
me or for my dismissal.					
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<u> </u>					
Signature	Print Name	Date			