Send this application form, a cover letter and a copy of your resume to:

Email: josh.wilson@iowa.gov
Fax: 515-725-3527
Mail: Office of the Governor, Attn: Internships, State Capitol, Des Moines, IA 50319

First Name _______________ M.I. ___________ Last Name ________________________________

Areas of Interest (Rank in order of priority; 1 = highest priority)

_____ Policy
_____ Constituent Services
_____ Legal
_____ Lt. Governor
_____ State-Federal Relations (Note: internship is located in Washington D.C)

Circle the Internship cycle(s) you are available for:

Spring (January-May)
Summer (June-August)
Fall (September-December)

Specify dates of availability: ___________________________________________________________

Specify the weekdays and hours you will be able to work weekly:
Note: You must commit to at least 16 hours per week to qualify.

Monday: ______________________________________________________________________
Tuesday: ______________________________________________________________________
Wednesday: __________________________
Thursday: _____________________________________________________________________
Friday: ______________________________________________________________________
PERSONAL INFORMATION

Current Address: ____________________________
                       ____________________________
                       ____________________________

Permanent Address: ____________________________
                       ____________________________
                       ____________________________

Home Phone: ____________________________

Cell Phone: ____________________________

E-mail Address: ____________________________

Date of Birth: ____________________________

High School: ____________________________

High School Address: ____________________________

Year of High School Graduation: __________

College(s) Attended: ____________________________

College Graduation Date: ____________________________

Major(s): ____________________________

Major GPA: ____________________________

Minor(s): ____________________________

Overall GPA: ____________________________

Additional Education: ____________________________

Area of Focus: ____________________________

Date of Graduation: ____________________________

GPA: ____________________________
Will this internship qualify for credit?  
YES  NO

The faculty advisor or internship coordinator that will be working with our office and you to facilitate this internship is: ____________________________________________

Name: ____________________________  Phone: ____________________________

REFERENCES: Please provide three references.

1. Name: ____________________________________________
   Address: ____________________________________________
   Phone: ____________________________________________
   Relationship: ____________________________________________

2. Name: ____________________________________________
   Address: ____________________________________________
   Phone: ____________________________________________
   Relationship: ____________________________________________

3. Name: ____________________________________________
   Address: ____________________________________________
   Phone: ____________________________________________
   Relationship: ____________________________________________

Additional questions or comments:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________