

INTERNSHIP APPLICATION

Personal Information								
Last	First	MI	Email	-mail				
Street Address		City	State	Zip	Home Phone	Mobile		
Are you entitled to work in the United States?			Date o	Date of Birth SSN:				
How did you hear about our internship?		Date A	Available:					
Prior Work Experience								
	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 10	11	12							
College/University					1 2	2 3	4							
Other														
List any applicable training or personne														
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	IT	ΙΗ	LGL	SAF	RI	FD	KOAP	

Disclaimer - By signing, I hereby certify that the above	Signature	Date
information and attached documents, to the best of my	3.9	1
knowledge, is correct. I understand that falsification of this		I
information may prevent me from being hired or lead to my		I
dismissal if hired.		I
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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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