



<b>General Instructions for Completion of Application</b>
<ul style="list-style-type: none"> <li>Type or print in ink.</li> <li>Sign and date the Certification Section.</li> <li>Email completed application to <a href="mailto:interns@dot.state.fl.us">interns@dot.state.fl.us</a> or fax to (850) 414-5299</li> </ul>

<b>Personal Information</b>
Name:
Mailing Address:
City: _____ County: _____ State: _____ Zip Code: _____
Home Phone: _____ Alternate Phone: _____
Email Address:

<b>Internship Service</b>
Applying for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____
Advertisement Number:
Year during semester of internship: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Post-Doctoral
Number of hours per week you are available to work:
Days and hours available:

<b>Post-Secondary Education</b>				
Name of School	Location	Dates of Attendance	Course of Study (Certificate, Degree, or Area of Study)	Final or Current GPA

<b>Volunteer, Internships, and/or Work Experience</b>		
Employer/Organization	From – To Dates	Duties and Responsibilities

<b>Personal References</b>
List two (2) references who are not related to you but who know you well and can evaluate your qualifications and ability to be an intern.

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:

Emergency Contact Information	
Name:	
Address:	
Phone (1):	Phone (2):

Statement of Interest in Internship
Briefly describe your interest in participating in the internship for which you are applying (limit to 250 words)

Exemption From Public Records Disclosure
Are you a current or former law enforcement officer, or other covered employee**, or the spouse or child of one, whose information is exempt from public records disclosure under Section 119.071(4)(d), Florida Statutes (F.S.)? <input type="checkbox"/> YES <input type="checkbox"/> NO
<small>**Other covered jobs include but are not limited to employees who are or were formerly: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, public defenders, guardians ad litem, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see § 119.071, F.S.].</small>

Relatives			
To your knowledge, do you have any relatives working for the Department? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please list relative(s) below:			
Relatives Name	Relationship to Employee	District/Work Unit	Cost Center #

Citizenship
The State of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.
1. Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. If no, are you legally authorized to accept employment with the specific hiring authority to which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO

### Background Information

A "yes" answer to these questions will not automatically bar you from an internship opportunity. The nature, job-relatedness, severity and date of the offense, in relation to the intern position in which you are seeking, are considered.

1. Have you ever been convicted of a felony, or a first degree misdemeanor?  YES  NO

If yes, what were the charges? \_\_\_\_\_

Where? (City/State) \_\_\_\_\_

Date: \_\_\_\_\_

2. Have you ever pled nolo contendere or guilty to a crime which is a felony, or a first degree misdemeanor?  YES  NO

If yes, what were the charges? \_\_\_\_\_

Where? (City/State) \_\_\_\_\_

Date: \_\_\_\_\_

3. Have you ever had the adjudication of guilt withheld for a crime which is a felony, or first degree misdemeanor?  YES  NO

If yes, what were the charges? \_\_\_\_\_

Where? (City/State) \_\_\_\_\_

Date: \_\_\_\_\_

### Certification and Waiver

I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the State of Florida for purposes related to internship opportunities within the Florida Department of Transportation (FDOT), and to the school identified on this application as the institution in which I am currently enrolled for purposes of verification. This consent shall continue to be effective during my period as an intern, if I am accepted. I understand that upon submission of this application, it becomes a public record. I certify that to the best of my knowledge and belief, all of the statements contained herein are true, correct, complete, and made in good faith.

I fully release and discharge the FDOT and its employees or agents from any and all claims for injuries, damage, or losses including but not limited to death, whether arising from the negligence of FDOT or not, which may arise from my participation as an intern.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Parental Consent and Waiver – For Minor Interns Only**

(If you are under the age of 18, your legal guardian or parent must complete and sign the below statement.)

I, \_\_\_\_\_, am the legal guardian or parent of this intern applicant and hereby give consent for him/her to perform intern work, if accepted, with the FDOT.

Further, I fully release and discharge the FDOT and its employees or agents from any and all claims for injuries, damage, or losses including but not limited to death, whether arising from the negligence of FDOT or not, which may arise from my child's participation as an intern. In addition to any claim I may have, I fully release FDOT from any and all claims my child or his/her estate may have arising out of his/her participation as an intern, whether caused by the negligence of FDOT or not.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_