

Internship Application



Susan Combs
Texas Comptroller
of Public Accounts

SECTION I | Personal Information

All applicants must provide a current resume and three scholastic and/or professional references with this application. Applicants must be currently enrolled in a college/university. ***Incomplete applications will not be considered.***

(Please Print or Type)

Name: _____
Last First Middle

E-mail Address: _____

Current Address: _____
Street City State ZIP code

Phone Number: _____
Area code and number

Do you have any relatives who work for the Comptroller of Public Accounts? Yes No

If yes, list name(s) and relationship(s): _____

High Schools/ Colleges/Universities Name and Location	Dates Attended		Hours Completed	Graduated yes/no	Major, Minor and Degree
	From	To			

Are you at least 16 years of age? Yes No

Are you currently a: Full-time Student or Part-time Student?

Are you able to regularly work a:

- Full-time, 40 hour weekly schedule, Monday through Friday? Yes No
- Part-time, 10 – 39 hour weekly schedule, Monday through Friday? Yes No

Is this Internship for credit? Yes No

If yes:
College University Name: _____

Semester: Fall Spring Summer

Name of Advisors: _____ Advisor's Phone Number: _____
Area code and number

Total number of hours you are required to complete **FOR CREDIT:** _____

Minimum number of hours per week you are required to work **FOR CREDIT:** _____

Placement deadline: _____



SECTION IV | Proposed Work Schedule

Date available to begin work: _____

Days and Hours available to work on a regular basis: Monday Tuesday Wednesday Thursday Friday

Hours: (M) _____ (T) _____ (W) _____ (TH) _____ (F) _____

SECTION V | Classification

Undergraduate Status: Freshman Sophomore Junior Senior

Graduate Status: 1st Year 2nd Year Other _____

Major: _____ GPA: _____

SECTION VI | Skills and Abilities

Check the appropriate areas and explain your experience in each category.

COMPUTER KNOWLEDGE:

- Microsoft Word _____
- Microsoft Excel _____
- PowerPoint _____
- Internet Research _____
- E-mail _____

OTHER KNOWLEDGE:

- Research _____
- Public Speaking _____
- Other _____

SECTION VII | Experience and Outside Activities

List any prior experience you may have that may be applicable to the internship at the Comptroller's office.



SECTION VII | Experience and Outside Activities (Cont.)

Explain your motivation in applying for this particular internship and tell us what you would like to learn as a result of your participation in this program.

List your scholastic involvement and personal achievements.

SECTION VIII | References and Contacts

REFERENCES:

List three scholastic and/or professional references. Include name, address, telephone number and relationship to you. (Professors, Counselors, etc.)

Name: _____
Last First
Address: _____
Street City State ZIP code
Phone Number: _____ Relationship: _____
Area code and number

Name: _____
Last First
Address: _____
Street City State ZIP code
Phone Number: _____ Relationship: _____
Area code and number

Name: _____
Last First
Address: _____
Street City State ZIP code
Phone Number: _____ Relationship: _____
Area code and number

EMERGENCY CONTACT:

In case of an emergency, whom should we contact?

Name: _____
Last First
Address: _____
Street City State ZIP code
Phone Number: _____ Relationship: _____
Area code and number

SECTION IX | Program Preference

Please list, in order of preference, the name of a program area in which you might be most interested in being placed as an Intern. Please note that this is merely a preference and that final placement decisions will be based on divisional workloads and agency staffing priorities.

1. _____
2. _____
3. _____
4. _____



SECTION X | Agreement

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING, AND ACCEPTANCE, BY SIGNING IN THE SPACE PROVIDED.

1. I understand that I am applying for an unpaid internship.
2. I hereby certify that the statements on this application, as well as those on any attachment(s) to this form, are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or termination of my unpaid internship.
3. I authorize all of the former and/or current employers, schools, officials, and persons named as references on this application to communicate with the Comptroller's office about my character and performance and hereby release each of them from any liability arising from their reference.
4. I understand that the Comptroller of Public Accounts may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigations for any criminal history in accordance with applicable statutes.

Applicant's Signature: _____ Date: _____

E-mail your completed application to matt.martinez@cpa.state.tx.us.

You can also fax or mail completed applications to:

Comptroller of Public Accounts
Attn: Human Resources, Internship Coordinator
111 E. 17th Street, LBJ Building
Austin, Texas 78774

Fax: 512-475-4804