

City of DeSoto Internship Application

Student Name:		Date of Birth	
Local Address			
	Address 1	City	State/Zip
Permanent Address			
	Address 1	City	State/Zip
Home Phone #:	() -	Work Phone #:	() -
Email Address			
IN CASE OF EMERGENCY CONTACT			
Name:			Relationship:
Home Phone #:	() -	Work Phone #:	() -
EDUCATION INFORMATION			
Current School:			High School or College? (Circle One)
Current Major/ Pathway			Secondary Major:
INTERNSHIP AVAILABILITY			
I am applying for:	Session(s) <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer <i>(summer for college interns only)</i>		
<i>Please identify your availability for each day below by specifying available 2-hour periods</i>			
Day	AM Hours between 8:00am – 12:00noon	PM Hours between 1:00pm – 5:00pm	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total Weekly Hours:			
<i>(High School cannot exceed 10 hours/wk; College cannot exceed 40 hours/wk)</i>			
AREAS OF INTEREST AND SPECIAL SKILLS			
Department of Interest:	<i>If you already know which department you are interested in, please state your preference here:</i>		
Special Skills	<input type="radio"/> Microsoft Suite (Word, Excel, PowerPoint) <input type="radio"/> Adobe Photoshop <input type="radio"/> Google Suite (Google Docs, Sheets, Slides) <input type="radio"/> Canva.com <input type="radio"/> Other _____		
Student Signature:			Date:

Thank you for your application! Please send this application to EWilliams@DeSotoTexas.gov along with your resume and cover letter. Applications will be reviewed in the order it is received.

Please Copy and Paste the following link and send to those completing your Recommendation Letters:

www.desototexas.gov/internshiprecommendationletter



Received Date: _____ Initial: _____
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