



Texas Department of Licensing and Regulation Internship Application

Transcripts must be submitted with the Internship application. (Transcripts need not be official)

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email** _____

Referred by: _____

In Case of Emergency

Name: _____ **Phone:** _____ **Relation:** _____

Have you ever been convicted of a felony? YES NO If yes please explain:

Internship Information

Areas of Interest

Please indicate which area(s) interests you: _____

Availability <i>Interns will be accepted for a minimum of 6 to a maximum of 16 weeks</i>				
Dates available: From: _____ To: _____				
Number of hours required by your school : _____				
Will you seek academic credit for this internship? YES NO <input type="checkbox"/> <input type="checkbox"/>				
General availability: Please indicate the number of hours for each day				
Monday	Tuesday	Wednesday	Thursday	Friday

Educational Experience

Current or Most Recent School Name: _____

Major/Minor: _____ Current GPA: _____

Undergraduate

Graduate

Hours enrolled this semester _____

Hours earned at this school _____

Other Colleges/Universities Attended: _____

Dates Attended: _____ Major/Minor: _____

Degree or Number of Credits Earned: _____ GPA: _____

Transcripts must be submitted with the Internship application. (Transcripts need not be official)

Employment History

Employer:		Telephone #:
Address:		
Supervisor (Name & Title):		
Position:	Start Date:	End Date:
Summary of Experience:		

Employer:		Telephone #:
Address:		
Supervisor (Name & Title):		
Position:	Start Date:	End Date:
Summary of Experience:		

References

Please provide three professional references. Do not list friends or relatives.

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Email: _____

How long have you known this reference? _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Email: _____

How long have you known this reference? _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Email: _____

How long have you known this reference? _____

Personal Information

Why are you interested in an internship in our organization?

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

Statement of Understanding of Internship Conditions:

I understand that, should I be accepted as an intern at TDLR, the following conditions will apply:

Status: Although not considered an employee of TDLR, I shall be subject to the policy and procedures of the agency. I understand that I am not entitled to the same privileges provided by TDLR employees and employees of the State of Texas.

Financial Support: I shall not be paid by TDLR.

Confidentiality and Publication of Information: As an intern, I will respect the confidentiality of information that I collect or am exposed to at TDLR. No reports or papers may be published based on information obtained from TDLR without the explicit written authorization of the Executive Director.

I certify that the statements made by me in answer of the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on this form or other document requested by TDLR renders my internship liable to termination or dismissal.

Signature: _____ Date: _____

TDLR will only accept completed typed applications. Resumes will not be accepted in lieu of the application. Transcripts must be submitted with the Internship application. (Transcripts need not be official) For consideration please submit the completed typed application by mail, fax, or email to:

TDLR Human Resources
920 Colorado St. Austin Texas 78701
Fax: 512-475-3377 Human.Resources@tdlr.texas.gov