



Internship Application

Personal:

Name: _____ Date: _____

Email: _____ Phone: _____

Home Address: _____

Education:

Name of School or College: _____

School Address: _____

Major: _____ Minor: _____

Grade Average: _____ Expected Graduation Date: _____

Work Experience (Include Paid and Volunteer):

Dates From/To	Employer	Description of Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills: (List computer, technical, industry, or other job-related skills you possess)

Other:

Interests and Career Goals:

Do you speak/understand any foreign languages:

When are you available to start an internship? _____

Have you ever been convicted of a felony? _____

Approximate number of hours per week available for internship: _____

Geographic limitations/preferences for internship: _____

What are your objectives for participating in an internship program? _____

Preplanned absences during internship: _____

AUTHORIZATION

I understand and agree that, **if required for the position**, I will submit to a pre-employment driving record check, criminal check and/or pre-employment physical, and in accordance with Midland County's adopted policies. I will submit to a pre-employment drug/alcohol screen as well as any other drug/alcohol screenings as required by Midland County's policy. I understand and agree that, if I refuse to submit to such checks, I will not be considered for employment with Midland County. I also understand that, once employed, refusal to submit to such exams or a positive result on a drug/alcohol screen will be grounds for disciplinary action, which may include termination.

I hereby authorize Midland County, its representatives, employees or agents to conduct all pre-employment inquiries and tests, verify all statements contained in this application and any other materials as described. I agree to complete any requisite authorizations forms. I release Midland County, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for Midland County to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that Midland County shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by Midland County neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any/no reason; similarly, my employment may be terminated by the organization at any time for any/no reason. Any changes to this at-will employment agreement will not be valid unless in writing and signed by me and a duly authorized representative of Midland County.

I understand there is no fee associated for this investigation and that the information will be kept confidential to Midland County.

Full Name	
Street Address	
City, State Zip	
Date of Birth	
Social Security Number	
Drivers License Number	

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION

SIGNATURE OF APPLICANT

Date

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal


APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company. This is completed only when Midland County requests it

(This copy must remain on file by your agency. Required for future DPS Audits)

 _____
Signature of Applicant or Employee

Date

Midland County

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	