



State of Florida  
Department of Environmental Protection

**INTERNSHIP APPLICATION**

Please print or type. All prospective Interns must be 18 years of age or older and complete this application form to be considered. NOTE: Typically, interns do not receive any form of financial compensation from the Department. The internship is completed by the student for the purpose of earning hands-on experience and/or academic credit.

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name  
\_\_\_\_\_  
Current Address – Number and Street City State Zip

**If different, Permanent Address:**

\_\_\_\_\_  
Current Address – Number and Street City State Zip

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

Email Address: \_\_\_\_\_ Are you looking for a ☐ Paid / ☐ Unpaid Internship?

Are you a U.S citizen, or legally authorized to work in the U.S? ☐ Yes ☐ No  
If you answered "No" please provide the appropriate documentation needed to work in the U.S.

- ✓ If you answered "Yes" to any of the following questions you need to provide an explanation to include date(s) and location(s) of conviction(s) and the disposition(s).

Have you ever been convicted of a 1<sup>st</sup> degree misdemeanor or felony? ☐ Yes ☐ No

If yes, provide the charge(s), where convicted and the dates of the conviction:

Where: \_\_\_\_\_

Dates: \_\_\_\_\_

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or first degree misdemeanor? ☐ Yes ☐ No

If yes, provided what charge(s), where, and the dates.

Charges: \_\_\_\_\_

Where: \_\_\_\_\_

Dates: \_\_\_\_\_

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? ☐ Yes ☐ No

If yes, provide the charge(s), where and the dates.

Charges: \_\_\_\_\_

Where: \_\_\_\_\_

Dates: \_\_\_\_\_

Are you currently enrolled in a College or University? ☐ Yes ☐ No

If so, provide the complete name of the school.

Name of School: \_\_\_\_\_

Education Level:

☐  
Junior

☐  
Senior

☐  
Graduate Student

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

How did you hear about out our internship opportunities?

\_\_\_\_\_

Why would you like to intern at the Department of Environmental Protection?

\_\_\_\_\_

Please check yes or no. If yes, please provide the relevant information.

Are you fulfilling a school requirement? ☐ Yes ☐ No

Are you fluent in any foreign languages? (please list) ☐ Yes ☐ No

\_\_\_\_\_

Are you a member of any environmental organizations? (please list) ☐ Yes ☐ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any prior internships or volunteer experience and include the organization(s) name, position(s) held, and dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I'm available for approximately \_\_\_\_\_ hours/week.

In the box below please list the number of hours from Monday through Friday that you are able to work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours

**Notification and Agreement  
(Please read before signing)**

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other required documents) will be cause for denial, regarding of when or how discovered. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my internship.

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Signature of Intern

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Date

***Please provide a copy of this form and required documents to:***

*Department of Environmental Protection, Central District  
ATTN: Communications Department  
3319 Maguire Blvd., Ste. 232, Orlando, FL 32803*

*Or  
email: [Ashley.Gardner@dep.state.fl.us](mailto:Ashley.Gardner@dep.state.fl.us)*