

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Internship Application

All prospective Interns must be 18 years of age or older to be considered. Please email this completed application and required documentation to Katrina.Kasemir@FloridaDEP.gov. To learn more about DEP, visit our website at www.dep.state.fl.us. Please contact our HR Office at 850.245.2511 if you have questions.

Required documentation:
Cover letter
Application
Resume
Official Transcript
Letter(s) of Recommendation (If you are a student, please include at least one letter from Academic Advisor or Professor in the area of study.)

NOTE: Typically, interns do not receive any form of financial compensation from the Department. DEP Internships are completed for the purpose of earning handson experience in the individual's academic area of expertise.

Last Name:	Name: First Name:			
Current Address:				
Street Address:				
City:		State:	Zip:	
Permanent Address if different:				
Street Address:				
City:				
Contact Phone:	Email:			
Are you currently enrolled in a College or University:	O Yes	O No		
If Yes, what is the name of the College or University:				
Education Level: Select One	Major:		Minor:	
Current GPA: Expected				
How did you hear about our internship opportunitie	s?			
Why would you like to intern at the Department of Ei	nvironmental Protection?			
Are you fulfilling a school requirement?	O Yes	O No	If yes, explain:	



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Are you fluent in any foreign languages?	O Yes	O No	If yes, please list:
Are you a member of any environmental organizations?	O Yes	O No	If yes, please list:

In addition to our Tallahassee offices, the Department of Environmental Protection has six regulatory districts and the Florida State Parks Service located throughout Florida. Please check the location(s) you would prefer to intern at:

Headquarters (Tallahassee)	Northwest District (Pensacola)
Central District (Orlando)	South District (Ft. Myers)
Florida Park Service (Locations throughout Florida)	Southeast District (West Palm Beach)
Northeast District (Jacksonville)	Southwest District (Tampa)

I am interested in Interning with (check one):

Administrative Services	Information Technology Services			
Finance & Accounting	Legal			
General Services	Legislative/Community Affairs			
Human Resource Management	Recreation and Parks			
Environmental Resources	Other:			

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

Organization Name:				Position Held:				
				End Date:				
Describe your experience:								
Organization Name:					Position	Held:		
Begin Date:					End Dat			
Describe your experi	ience:							
I'm available for app	roximately	hours	/week.					
Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Sunday	Total Hrs./Week
								0
Are you a U.S. citizen, or legally authorized to work in the U.S? O Yes O No								
If you answered " No " please provide the appropriate documentation needed to work in the U.S.								
Have you ever been convicted of a first-degree misdemeanor or felony?						O Yes	O No	
If " Yes ", provide the charge(s), where convicted and the dates of conviction								
Charges:								
Where:								
Dates:								



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	er pled nolo contendere or pled guilty to a crime which is a first-degree misdemeanor or felony? wide the charge(s), where and the dates)	O Yes	O No	
Charges:				
Where:				
Dates:				
lf " Yes ", pro	ver had the adjudication of guilt withheld for a crime which is a first-degree misdemeanor or felony? wide the charge(s), where and the dates)	O ^{Yes}	O No	
Charges:				
Where:				
Dates:				

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, regardless 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.

Signature of Intern:

Please email this form and required documents to: <u>Katrina.Kasemir@FloridaDEP.gov</u>

Date: _____