State of 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 DEPInternships@dep.state.fl.us or by mail to the Department of Environmental Protection, Bureau of Human Resource Management, MS#70, ATTN: Employee Relations-Internships. Please call 850.245.2511 if you have questions.

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 Initial

_____ _____ _____ _____
Current Address: City: State: Zip:

If different, Permanent Address:

_____ _____ _____ _____
Current Address: City: State: Zip:

_____ _____ _____
Home Phone Work Phone Cell Phone

_____ Are you looking for a Select One Internship?
Email Address:

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

If Yes, what is the name of the College or University: _____

Education Level: Select One Major: _____

Minor: _____

Current GPA: _____ Expected Date of Graduation: _____

How did you hear about our internship opportunities?

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

If you check Yes to any of the following questions, please provide relevant information.

Are you fulfilling a school requirement? (If yes, explain) ◯ 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

In addition to our Tallahassee offices, the Department of Environmental Protection has six regulatory districts. Please check which location(s) you would prefer to intern at:

- ☐ Headquarters (Tallahassee)
- ☐ Northwest District (Pensacola)
- ☐ Northeast District (Jacksonville)
- ☐ Southwest District (Tampa)
- ☐ Southeast District (West Palm Beach)
- ☐ South District (Ft. Myers)
- ☐ Central District (Orlando)

I am interested in Interning with (check one):

- ☐ Legislative Affairs /Community Relations
- ☐ Environmental Resources
- ☐ Finance & Accounting
- ☐ Human Resource Management
- ☐ Technical Services
- ☐ Legal
- ☐ Recreation and Parks

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

Organization Name:

Position Held:

Begin Date: _____ End Date: _____

Organization Name:

Position Held:

Begin Date: _____ End Date: _____

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	_____	Friday
_____	Tuesday	_____	Saturday
_____	Wednesday	_____	Sunday
_____	Thursday	_____	Total Hours per Week

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, PLEASE PROVIDE AN EXPLANATION TO INCLUDE DATE(S) AND LOCATION(S) OF CONVICTION(S) AND THE DISPOSITION(S).

Have you ever been convicted of a 1st degree misdemeanor or felony? ◯ Yes ◯ No
(If yes, provide the charge(s), where convicted and the dates of conviction)

Charges:

Where:

Dates: _____

Have you ever pled nolo contendere or pled guilty to a crime which is a first degree misdemeanor or felony?

(If yes, provide the charge(s), where and the dates) ◯ Yes ◯ No

Charges:

Where:

Dates: _____

Have you ever had the adjudication of guilt withheld for a crime which is a first degree misdemeanor or felony?

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

_____ _____

Signature of Intern Date

Required documentation:

- Application
- Cover letter
- Resume
- Official Transcript
- Letter(s) of Recommendation (At least one letter from Academic Advisor or Professor in the area of study.)

***Please email this form and required documents to**: DEPInternships@dep.state.fl.us*

You may also print a copy and mail to:
Department of Environmental Protection, Bureau of Human Resource Management
ATTN: Employee Relations
3900 Commonwealth Blvd., MS# 70, Tallahassee, Fl. 32399

Or send via fax at 850-245-2545 - ATTN: Employee Relations - Internships