

# Texas Ethics Commission



## INTERNSHIP APPLICATION

(Please print or type)

All students must submit a resume, two letters of recommendation and current transcript (s) along with this application.

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_  
(Current) (Mobile Phone) (Permanent)

Driver's License: \_\_\_\_\_  
(State) (Number)

Do you have any relatives who work for the Texas Ethics Commission?  YES  NO

If yes, list name (s) and relationship (s): \_\_\_\_\_

Have you ever been convicted, as an adult, of a felony or subjected to a deferred adjudication on a felony charge?

YES  NO

If your answer is "Yes", explain in concise detail on a separate sheet or paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

### EDUCATION

Colleges/ Universities, Technical Schools <b>Name and Location</b>	Dates Attended				Hours completed	Graduated (yes/no)	Degree (i.e. BA)
	From		To				

1. Are you currently a  Full-time, or  part-time student?

2. **CREDIT INTERNSHIP:**  YES  NO

If Yes:

Name of Advisor: \_\_\_\_\_

Advisor's Telephone #: \_\_\_\_\_

Total Number of Hours you must complete **FOR CREDIT** \_\_\_\_\_

Hours per week you must work **FOR CREDIT** \_\_\_\_\_

Placement Deadline: \_\_\_\_\_

3. **PROPOSED WORK SCHEDULE:**

Date available to begin work: \_\_\_\_\_

Semester:  Fall  Spring  Summer

Days and Hours available to work:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Fri \_\_\_\_\_

4. **CLASSIFICATION:**

**Undergraduate status:**  freshman  sophomore  junior  senior

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

**Graduate Status:**  1<sup>st</sup> Year  2<sup>nd</sup> Year  Other, Explain:

\_\_\_\_\_

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

**Technical School Students:**

Coursework completed: \_\_\_\_\_

\_\_\_\_\_

5. **SKILLS AND ABILITIES:** (List all special skills you possess, including office equipment and computer skills)

\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE, BACKGROUND AND ACTIVITIES**

1. List any prior experience you have had that would be applicable to the internship for which you are applying. *Attach additional sheets if necessary.*

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2. Describe your motivation for applying for an internship and what you expect to gain from participating in this program. *Attach additional sheets if necessary.*

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3. List your community or public service activities (i.e. volunteer or public service organizations, etc.) *Attach additional sheets if necessary.*

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4. List honors or awards you have received \_\_\_\_\_  
*Attach additional sheets if necessary.*

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**REFERENCES**

	NAME	TELEPHONE	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**In case of an emergency, whom should we notify?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Please list, in order of preference, the name of the Division(s) that you would most like to do your internship. Final placement will depend upon division workloads and staffing needs.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Affidavit**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING THE SPACE PROVIDED.

1. I understand that I am applying for a paid internship at-will.
2. I hereby certify that the statements on this application, as well as those on any attachment(s) to this form, are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from the agency's internship program.
3. I authorize you to communicate with all of my former employers, schools, officials, and persons named as references. I hereby release all employers, schools and individuals from any liability that may result from responding to any internship, background check and/or reference inquiries that may be performed relative to this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Applications should be submitted to the following address:**

Texas Ethics Commission Human Resources, Attn: Cristina Hernández  
201 E. 14th St., Ste. 1040 D  
P.O. Box 12070 Austin, TX 78711 -2070

[cristina.hernandez@ethics.state.tx.us](mailto:cristina.hernandez@ethics.state.tx.us)

Phone: (512) 463-5784

## **Texas Ethics Commission Internship Application**

Important Note to all Intern Applicants: Upon written request, you have the right to request and obtain copies of all records maintained by the Texas Ethics Commission pertaining to your application and internship assignment. Your records may be requested through the agency's Public Information Officer, P.O. Box 12070, Austin, Texas, 78711. To contest the content of your records, you may submit a written request to the Director of Administration at the same business address.

### **Equal Opportunity Tracking Information:**

*The following information will be used for gathering statistical data only.*

Date: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check appropriate box(s):

- White                       Hispanic                       Asian or Pacific Islander  
 African American    American Indian or Alaskan Native    Other

Recruitment Source:

- Career Fair    Recruitment Coordinator  
 Walk-in       College or University Placement Center  
 Texas Ethics Commission Web Site  
 Other (please specify) \_\_\_\_\_