

**Texas Facilities Commission
Application for Paid/Unpaid Student Internship**

Name: _____
(Last) (First) (MI)

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____ Phone Number: () - _____

Permanent Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____ Phone Number: () - _____

Email: _____

Placement Request

Semester Preference: Summer ☐ Fall ☐ Spring ☐

Positions are 20 hours* per week and are scheduled Monday - Friday 8:00 am – 12:00 pm or Monday - Friday 1:00 pm – 5:00 pm. *Schedules may be adjusted to coordinate with academic requirements.

Shift Preference (please circle one): Monday – Friday 8:00 am – 12:00 pm OR Monday – Friday 1:00 pm – 5:00 pm

Which program area(s) would you prefer to be assigned for your internship?

College _____ Semester Hours: _____
Attending: _____

Major: _____ Minor: _____

Will you receive or do you plan on seeking class credit for participation in this program? Yes ☐ No ☐

Special Skills

Please list all special skills you possess or office equipment you can use in addition to specific types of software programs.

Have you previously participated in an internship program with another state agency? Yes ☐ No ☐

If yes, which state agency?

Please list specific dates: / / through / /
 MM DD YYYY MM DD YYYY

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Do you have any relatives that work for the Texas Facilities Commission? Yes ☐ No ☐

If yes, please give their name and relation:

Have you ever been convicted 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 of 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.

Work History

Please list your work history, beginning with the most recent position held.

Employer:		Title:	
Address:		Supervisor:	
Start Date:	End Date:	Phone Number:() -	
Duties:			

Employer:		Title:	
Address:		Supervisor:	
Start Date:	End Date:	Phone Number:() -	
Duties:			

Employer:		Title:	
Address:		Supervisor:	
Start Date:	End Date:	Phone Number:() -	
Duties:			