Send this application form, a cover letter, and a copy of your resume to:

Email: anna.hartzog@governor.iowa.gov
For the Legal Internship Email: megan.hall@governor.iowa.gov
Mail: Office of the Governor, Attn: Internship Program, State Capitol, Des Moines, IA 50319

Note: All internships are unpaid

First Name __________________ M.I. __________ Last Name ________________________________

Areas of Interest (Rank in order of priority; 1 = highest priority)

_____ Constituent Services/Administration   _____ State/Federal Relations (In Washington D.C.)

_____ Legal   Are you a Current Law Student? Yes / No   _____ Communications

Circle the Internship cycle(s) you are available for:

Spring (January through May)   Summer (May through August)   Fall (August through December)

Specify dates of availability: ______________________________________________________________

Specify the weekdays and hours you will be able to work weekly:

Note: You must commit to at least 16 hours per week to qualify. The office is open 8:00 am – 4:30 pm.

Monday: ________________________________________________________________

Tuesday: ________________________________________________________________

Wednesday: ____________________________________________________________

Thursday: ______________________________________________________________

Friday:  ________________________________________________________________
PERSONAL INFORMATION

Current Address: ________________________________

Permanent Address: ________________________________

Home Phone: __________________

Home Phone: __________________

Cell Phone: __________________

Cell Phone: __________________

E-mail Address: __________________________________________

Date of Birth: __________________________________________

EDUCATION

High School: __________________

High School Address: __________________________________________

Year of High School Graduation: __________________

High School GPA: __________

College(s) Attended: __________________________________________

College Graduation Date: __________ Overall GPA: __________

Major(s): ___________________________ Major GPA: __________

Minor(s): __________________________________________

Area of Focus: __________________________________________

Additional Education: __________________________________________
Will this internship qualify for credit? _______ YES _______ NO

The faculty advisor or internship coordinator that will be working with our office and you to facilitate this internship is:

Name: ____________________________  Phone: ____________________________

REFERENCES
Please provide three references

1. Name: ________________________________________________________________
   Address: __________________________________________________________________
   Phone: __________________________________________________________________
   Relationship: _____________________________________________________________

2. Name: ________________________________________________________________
   Address: __________________________________________________________________
   Phone: __________________________________________________________________
   Relationship: _____________________________________________________________

3. Name: ________________________________________________________________
   Address: __________________________________________________________________
   Phone: __________________________________________________________________
   Relationship: _____________________________________________________________

Additional questions or comments:

__________________________________________________________________________