



# INTERNSHIP APPLICATION

(Please print)

Full Name: \_\_\_\_\_

Permanent Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Present School, Mailing and E-mail Address:

Name: \_\_\_\_\_

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

School Phone: (\_\_\_\_) \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone for Contact Person: \_\_\_\_\_

\_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Fifth Year \_\_\_\_ Grad Student

MAJOR: \_\_\_\_\_

MINOR: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

**\*\*THE CITY OF LEESBURG IS AN EQUAL OPPORTUNITY EMPLOYER\*\***  
**\*\*THE CITY OF LEESBURG IS A DRUG FREE EMPLOYER\*\***  
**\*\*PRE-EMPLOYMENT DRUG TESTS ARE REQUIRED\*\***  
**\*\*BACKGROUND CHECKS ARE CONDUCTED ON ALL NEW HIRES\*\***

**PERMISSION FOR JOB BACKGROUND INVESTIGATION  
AND RELEASE FORM FOR CONSUMER REPORTS**

I, the undersigned Applicant, agree and authorize the City of Leesburg to investigate all areas of my employment background in connection with my application for employment. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested, including consumer credit, criminal records, driving record, education, prior employer verification, and others. These reports may include experience along with reasons for termination of past employment. Further, I understand that the City of Leesburg will be requesting information from various Federal, State, local and other agencies which contain my past activities. Poor credit history and/or conviction(s) alone will not automatically result in disqualification from employment.

I hereby consent to take and/or allow any background investigations, pre-employment physicals and drug screenings required by the City, and as allowed by law, for my employment with the City.

I hereby authorize without reservation, any party or agency contacted by the City of Leesburg to furnish the above-mentioned reports at any time during my employment with the City of Leesburg.

I have the right to make a request of the credit reporting agency, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

Print your name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number:

\_\_\_\_\_

Drivers License State: \_\_\_\_\_ Number: \_\_\_\_\_

*For Identification Purposes:*

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Other or former names:

\_\_\_\_\_

Professional License: State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date Signed

**Application will be considered as incomplete if applicant's signature is not witnessed**