

# Internship Application



**Glenn Hegar**  
Texas  
Comptroller of  
Public Accounts

## SECTION I | Personal Information

All applicants must provide a current resume and three scholastic and/or professional references with this application. Applicants must be currently enrolled in a college/university. ***Incomplete applications will not be considered.***

**(Please Print or Type)**

Name: \_\_\_\_\_  
Last First Middle

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

Current Address: \_\_\_\_\_  
Street City State ZIP code

Phone Number: \_\_\_\_\_  
Area code and number

Do you have any relatives who work for the Comptroller of Public Accounts?  Yes  No

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

## SECTION II | Education

High Schools/ Colleges/Universities Name and Location	Dates Attended		Hours Completed	Graduated yes/no	Major, Minor and Degree
	From	To			

Are you at least 16 years of age?  Yes  No

Are you currently a:  Full-time Student or  Part-time Student?

Are you able to regularly work a:

- Full-time, 40 hour weekly schedule, Monday through Friday?  Yes  No
- Part-time, 10 – 39 hour weekly schedule, Monday through Friday?  Yes  No

## SECTION III | College Credit

Is this Internship for credit?  Yes  No

**If yes:**

College University Name: \_\_\_\_\_

Semester:  Fall  Spring  Summer

Name of Advisors: \_\_\_\_\_ Advisor's Phone Number: \_\_\_\_\_  
Area code and number

Total number of hours you are required to complete **FOR CREDIT:** \_\_\_\_\_

Minimum number of hours per week you are required to work **FOR CREDIT:** \_\_\_\_\_

Placement deadline: \_\_\_\_\_



## SECTION IV | Proposed Work Schedule

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

Days and Hours available to work on a regular basis:  Monday  Tuesday  Wednesday  Thursday  Friday

Hours: (M) \_\_\_\_\_ (T) \_\_\_\_\_ (W) \_\_\_\_\_ (TH) \_\_\_\_\_ (F) \_\_\_\_\_

## SECTION V | Classification

**Undergraduate Status:**  Freshman  Sophomore  Junior  Senior

**Graduate Status:**  1st Year  2nd Year  Other \_\_\_\_\_

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

## SECTION VI | Skills and Abilities

Check the appropriate areas and explain your experience in each category.

### COMPUTER KNOWLEDGE:

- Microsoft Word \_\_\_\_\_
- Microsoft Excel \_\_\_\_\_
- PowerPoint \_\_\_\_\_
- Internet Research \_\_\_\_\_
- E-mail \_\_\_\_\_

### OTHER KNOWLEDGE:

- Research \_\_\_\_\_
- Public Speaking \_\_\_\_\_
- Other \_\_\_\_\_

## SECTION VII | Experience and Outside Activities

List any prior experience you may have that may be applicable to the internship at the Comptroller's office.



## SECTION VII | Experience and Outside Activities (Cont.)

Explain your motivation in applying for this particular internship and tell us what you would like to learn as a result of your participation in this program.

List your scholastic involvement and personal achievements.

## SECTION VIII | References and Contacts

### REFERENCES:

List three scholastic and/or professional references. Include name, address, telephone number and relationship to you. (Professors, Counselors, etc.)

Name: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_  
Street City State ZIP code  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Area code and number

Name: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_  
Street City State ZIP code  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Area code and number

Name: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_  
Street City State ZIP code  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Area code and number

### EMERGENCY CONTACT:

In case of an emergency, whom should we contact?

Name: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_  
Street City State ZIP code  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Area code and number

## SECTION IX | Program Preference

Please list, in order of preference, the name of a program area in which you might be most interested in being placed as an Intern. Please note that this is merely a preference and that final placement decisions will be based on divisional workloads and agency staffing priorities.

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

**CHOOSE ONE:**                  Paid Internship                  Unpaid Internship                  No Preference



## SECTION X | Agreement

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

1. I understand that I am applying for an unpaid internship.
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 termination of my unpaid internship.
3. I authorize all of the former and/or current employers, schools, officials, and persons named as references on this application to communicate with the Comptroller's office about my character and performance and hereby release each of them from any liability arising from their reference.
4. I understand that the Comptroller of Public Accounts may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigations for any criminal history in accordance with applicable statutes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail your completed application to [cpa.jobs@cpa.texas.gov](mailto:cpa.jobs@cpa.texas.gov).

You can also fax or mail completed applications to:

Comptroller of Public Accounts  
Attn: Human Resources, Internship Coordinator  
111 E. 17th Street, LBJ Building  
Austin, Texas 78774

Fax: 512-475-4804