

TEXAS HISTORICAL COMMISSION

Agency Use Only

INTERNSHIP APPLICATION
(PLEASE PRINT OR TYPE)

All students must submit a resume 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) (Work)

Driver's License: (State) (Number)

Do you have any relatives who work for the Texas Historical 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 below, 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.

Blank lines for providing details of offenses.

EDUCATION

| Colleges/Universities, Technical Schools Name and Location | Dates Attended | | Hours Completed | Graduated (Yes/No) | Degree (i.e. BA) |
|-------------------------------------------------------------------|----------------|----|-----------------|--------------------|------------------|
| | From | To | | | |
| | | | | | |
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| | | | | | |

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

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 _____

CLASSIFICATION:

Undergraduate status: Freshman Sophomore Junior Senior

Major: _____

Graduate status: 1st Year 2nd Year Other, explain:

Major: _____

Technical School Students:

Coursework completed: _____

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 that would be applicable to the internship for which you are applying. *Attach additional sheets if necessary.*

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.*

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

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

EMPLOYMENT HISTORY *Attach additional sheets if necessary*

| Employer Name, Address, & Phone No. | Dates Employed | | Position Title/Summary of Experience | Supervisor 's Name & Phone No. | Reason for Leaving |
|----------------------------------------|----------------|----|-----------------------------------------|-----------------------------------------|--------------------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |

REFERENCES

| NAME | TELEPHONE | E-MAIL | RELATIONSHIP |
|----------|-----------|--------|--------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

PROPOSED WORK SCHEDULE:

Date available to begin work: _____

Semester: Fall Spring Summer

Days and hours available to work:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Fri _____

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 an unpaid 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 THC 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.
4. I understand that some THC divisions may check with the Texas Department of Public Safety for any criminal history in accordance with applicable statutes.

THIS APPLICATION MUST BE SIGNED

Applicant's Signature

Date

Please mail applications to the following address:

Texas Historical Commission
Attn: Internship Program
P.O. Box 12276
Austin, TX 78711

REMARKS (Application procedure, Special Requirements):

Applications must be submitted on the THC's Internship Application available on the web at www.thc.state.tx.us. Please mail application, resume and transcript to the above specified address or deliver them in person at 1700 N. Congress Avenue, Suite B-65 Austin, Texas. Cover letters can be attached, but are not required. Resumes cannot be submitted in lieu of applications. Applications will be reviewed, and top applicants will be contacted for interviews. After a qualified person has been chosen for the specified internship, letters will be mailed to all interviewed applicants letting them know that the position has been filled. Disability access for application submission, testing and interview accommodations can be provided upon reasonable notice.

AN EQUAL OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER

Texas Historical Commission
P.O. Box 12276
Austin, TX 78711-2276
512.463.6100
fax 512.475.4872
thc@thc.state.tx.us



TEXAS HISTORICAL COMMISSION
real places telling real stories

www.thc.state.tx.us

**TEXAS HISTORICAL COMMISSION
EQUAL OPPORTUNITY DATA FORM**

(PLEASE PRINT OR TYPE)

The information requested is optional and is being collected for the purpose of reporting to the Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for an internship with the Texas Historical Commission. It will be separated from the application.

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Male Female

Current Address: _____
(Street) (City) (State) (Zip Code)

Permanent Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____
(Current) (Mobile Phone) (Work)

Ethnic Origin: Caucasian Hispanic Asian or Pacific Islander
 African American American Indian or Alaskan Native
 Other _____

Veteran: Yes No **Spouse of Veteran:** Yes No **Orphan of Veteran:** Yes No

How did you find out about this Internship Program?

College or University Career Fair College or University Placement Center
 Human Resources Office Texas Historical Commission Website
 Walk-in Other (please specify) _____

THIS FORM MUST BE SIGNED

Applicant's Signature

Date

Agency Use Only:

Date Received

Received By

Date Sent to Division

Interview