



# Office of the Connecticut State Treasurer

## Internship Application Form

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Preferred Division: \_\_\_\_\_

### Education

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

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

Minor: \_\_\_\_\_

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

Course of Study: \_\_\_\_\_

Is course credit required? \_\_\_\_\_

Is an internship a requirement for graduation? \_\_\_\_\_

### References

*Please list three references.*

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

Company: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

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

### Previous Employment and/or Volunteer Experience

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

### Desired Schedule

*Please list the days and times you are available.*

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

## Questions

1. What are your career goals?

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2. What motivated you to apply for this internship?

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3. How can state financial policy impact residents and communities?

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## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_