



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:					

Disclaimer and Signature

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

Signature: _____ Date: _____