

## Governor Kay Ivey's Office Internship Application

\*\*Please note that internships with the Governor's Office are not paid\*\*

Submit this completed application along with a cover letter, resume & a writing sample to:

 $\underline{Avery.McCutcheon@governor.alabama.gov}$ 

The deadline to apply for BOTH summer sessions is Friday, March 22<sup>nd</sup> by close of business.

| Name:         |                                 |
|---------------|---------------------------------|
| Address:      |                                 |
| Phone Numbe   | er:                             |
| E-mail Addre  | ss:                             |
| Date of Birth | (Month/Day/Year)://             |
| Last 4 Digits | of your Social Security Number: |
| Sex: M        | F                               |
| Ethnicity (Op | tional):                        |
| Emergency C   | ontact Name:                    |
| Emergency C   | ontact Number:                  |
| Name of the U | Jniversity you attend:          |
| GPA (minimu   | ım 3.0):                        |
| Choose One:   | Incoming Freshman               |
|               | Rising Sophomore                |
|               | Rising Junior                   |
|               | Rising Senior                   |
|               | Graduate Student                |

| Major:                  |                                       |                       |
|-------------------------|---------------------------------------|-----------------------|
| Minor:                  |                                       |                       |
| Are you seeking a colle | ge credit for this internship? Yes    | No                    |
| Advisor's Name and N    | umber:                                |                       |
| Preferred Session:      | <b>Summer Session One:</b> May 13-Ju  | une 21 (05/13-06/21)  |
|                         |                                       |                       |
|                         | Summer Session Two: June 24-A         | ugust 2 (06/24-08/02) |
| Please check the office | (s) that you are interested in below: |                       |
| Policy                  |                                       |                       |
| Appointments            |                                       |                       |
| Education and V         | Vorkforce                             |                       |
| Administration          | and Constituent Services              |                       |
| Communication           | S                                     |                       |
| Cabinet Agencie         | es                                    |                       |
| Questionnaire:          |                                       |                       |

1. Have you ever applied for an internship in Governor Kay Ivey's Administration? Yes\_\_\_\_ No \_\_\_\_ If yes, when?

2. Is there anything on your social media or public record that would embarrass the Office of the Governor if you were to serve as an Intern? Yes \_\_\_\_ No \_\_\_\_

Please check the social media platforms that you use.

\_\_\_\_\_ Facebook

\_\_\_\_\_ Snapchat

- \_\_\_\_\_ Instagram
- \_\_\_\_\_ TikTok
- \_\_\_\_X

3. If you are chosen, do you commit to attending all scheduled meetings and fulfilling all other requirements and duties associated with the Internship Program? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you ever been convicted, entered a guilty plea, or entered a no contest plea for any criminal violation? Do not list traffic citations.
Yes <u>No</u> If yes, please give a detailed explanation:

5. Are you currently under charges or indictment for any violation of the law? Yes <u>No</u> If yes, please give a detailed explanation:

6. Why do you want to intern for Governor Kay Ivey's Office?

7. Who do you consider to be your political role model and why?

## **References:**

| 1. | Legal Name:   |   |
|----|---------------|---|
|    | Phone Number: | _ |
|    | Affiliation:  |   |
| 2. | Legal Name:   |   |
|    | Phone Number: |   |
|    | Affiliation:  |   |
| 3. | Legal Name:   |   |
|    | Phone Number: |   |
|    | Affiliation:  |   |

Please provide any additional information you would like the Governor to be aware of as we prepare to select interns.

I hereby certify that the information given above is accurate. I understand that if I give false information, I may be disqualified from being selected for the Internship Program.

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

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

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