

Complete and Return to:
 Intern Program
 Office of Governor Ted Strickland
 77 South High Street
 30th Floor
 Columbus, OH 43215
 Phone: (614) 466-3555
 Fax: (614) 644-0951



**TED STRICKLAND
 GOVERNOR
 STATE OF OHIO**

Intern Applicant Questionnaire

The State of Ohio is an equal opportunity employer and will not use any of the information you provide to discriminate against you. If you need more space to answer any question or explain any of your answers, please use additional sheets. This information **MUST BE COMPLETED IN FULL**. Answer “none” or “not applicable” where appropriate. Please be advised that all intern applicants are applying for *unpaid* positions.

• ATTACH RESUME OR SHORT BIOGRAPHY FOR CONSIDERATION •

Full Name: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

County of Residence: _____ Length of Residence in Ohio: _____

Phone Numbers: (Home): _____ (Cell): _____ (Business): _____

E-Mail Address: _____

Full Time Address: _____

City: _____ State: _____ Zip code: _____

Sex: Male: [] Female: [] Date of Birth: _____

Are you a registered voter? Yes: [] No: [] County of Registration: _____

Past Education:

High School Name:	Location (City, State):	Did you graduate? [] Yes [] No
Check Year Completed: [] 9 [] 10 [] 11 [] 12		Obtained GED? [] Yes [] No

School Name (College/University):	Location (City, State):
Did you graduate? [] Yes [] No	Check Year Completed: [] 1 [] 2 [] 3 [] 4 [] 5 [] 6
Major:	

Current Education:

College/University	Class Status
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Major(s)	Minor(s)
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Projected Graduation Date	Overall GPA	Major GPA
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School Credit based internships:

Will this Internship be for Credit? _____

If so, please provide the contact information for your advisor below:

Name	Department
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Street Address	City, State, Zip
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Telephone Number	email address
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Please list all appropriate work skills for this internship including computer programs/suites you are familiar with, any other languages that you are able to speak or other attributes you feel would help you in a government office environment:

Have you ever had any experience working with federal, state or local government before? If yes, please explain:

Please write why you are interested in working in the Governor's Office:

Please list your availability as best you can. Keep in mind that the Governor’s Office is open 8 a.m. through 5 p.m. Monday through Friday.

Placement Preferences:

Please mark the boxes for the areas that interest you in the Governor’s Office.

Due to the volume of applicants, placement based on applicant preference cannot be guaranteed even if an applicant is placed in the program. If you cannot be placed based on your preference, you will be placed in a department as closely suited to your background, qualifications and future plans as possible.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Boards & Commissions | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Constituency | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Faith Based and Community Initiatives | <input type="checkbox"/> Scheduling |

PLEASE LIST RELEVANT WORK EXPERIENCE/COURSE WORK:

1.

2.

3.

College Transcript:

Please include an up-to-date college transcript. If your school charges for the release of transcripts, an unofficial transcript will suffice.

Letters of Recommendation (optional):

Include up to two (2) letters of recommendation.

Resume: *Please submit a current resume.*

I, _____, certify that all of the answers and statements on this form are true, complete and correct to the best of my knowledge and recollection and are made in good faith.

Signature of Applicant

I, _____, state that I understand that any information provided to the Governor's office may be a "public record" under Ohio law. I hereby waive any right to privacy of any information I have provided herein, and I authorize the Governor's office to investigate any of my responses.

Signature of Applicant

I, _____, certify that except for circumstances beyond my control, if accepted into the program, I will complete the program entirely. I recognize that the Governor's Office and State of Ohio assume no obligation of employment subsequent to completion of the Governor's Office Internship Program.

Signature of Applicant

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Applicant Requirements

Applicants to the Governor's Office must either be Ohio residents attending an accredited college or university in or outside of Ohio's borders, *or* attendees of accredited colleges or universities within Ohio's borders, regardless of state of residence.

Applicants must also have, before the end of the internship session, completed a full academic year at an accredited college or university in or outside of Ohio.

Applicants must commit to a minimum of 10 hours during the school year, and 20 hours per week during the summer each week over the course of the internship session.

The Governor's office is run out of Columbus, Ohio. Applicants must, for the duration of the internship program, have a way to be in the downtown area for the times they agree to work.

Application Instructions

Please download and fill out the form in as complete a fashion as possible to the best of your ability.

Applications are reviewed on a rolling basis as they are received.

Please note positions available through this program are unpaid.

Please address your paperwork, along with any questions to:

Jared Port
Office of Governor Ted Strickland
77 South High Street
30th Floor
Columbus, OH 43215
Phone: (614) 466-3555
Fax: (614) 644-0951

Via email, a PDF version of all relevant documents may be submitted to: Jared.Port@Governor.Ohio.Gov

Application Checklist

Please ensure that the following documents are either included in your application or mailed separately:

- Completed Application
- Up to date Resume
- College Transcript
 - Mailed Separately
- Letter(s) of recommendation (optional)
 - Mailed Separately