

**APPLICATION
OFFICE OF THE SECRETARY OF STATE
INTERN PROGRAM**

Suite 814, West Tower
2 Martin Luther King, Jr. Drive S.E.
Atlanta, Georgia 30334
Phone: 404/656-4269
www.sos.state.ga.us

TYPE OR PRINT CLEARLY IN BLACK INK AND SIGN THIS APPLICATION.

CHECK ONE: _____ **SUMMER** _____ **FALL** _____ **SPRING**

PERSONAL DATA

Social Security Number: _____ - _____ - _____	Daytime Phone Number: () _____ - _____
Last Name: First: MI:	Evening Phone Number: () _____ - _____
Address:	Faculty Advisor Name:
City: State: Zip Code:	Faculty Phone Number: () _____ - _____
Permanent Home Address (if different from above):	Home Phone Number: () _____ - _____
City: State: Zip Code:	Personal Email Address:

EDUCATION

Name and Location of College or Universities Attended:	Class:	GPA:	Major:
Graduate or Professional Schools Attended:	GPA:	Subject:	

BRIEF EMPLOYMENT HISTORY

Employer:	Position:	From:	To:

REFERENCES

(PLEASE NOTE: At least two references should be non-family members)

Name of Reference:	Relationship with Candidate:	Reference's Telephone Number:
1.		
2.		
3.		

Please list in order of preference the three Secretary of State Divisions that you would most like to be placed with:

1. _____
2. _____
3. _____

I certify that the information provided on this form is true. I authorize the Office of the Secretary of State Intern Program to use this information for intern placement purposes.

Signed: _____ Date: _____

To ensure that the Secretary of State Internship application process has been completed properly, please make sure you have:

1. Completed the Secretary of State internship application;
2. Provided the names and phone numbers for three references, including at least two individuals who are non-family members (letters of recommendation are **not** required); and
3. Included a resume.