INTERN APPLICATION

Applicants must be at least 18 years old to apply and submit a complete application packet to include the following.

- Intern program application
- Resume
- At least one letter of recommendation

The packet may be submitted by mail, email or fax.

Intern Program
Human Resources
Office of Attorney General Leslie Rutledge
323 Center Street, Suite 200
Little Rock, AR 72201
internship@arkansasag.gov
Fax (501) 682-5315
Date: ____________________________________________________________

Name: __________________________________________________________

Which office are you interested in interning at? □ Little Rock    □ Lowell

College resident address: __________________________________________

____________________________________________________________________

Permanent address: ________________________________________________

____________________________________________________________________

Email: __________________________________________________________________________

Phone number: ____________________________________________________________

SCHEDULE

Indicate the term and dates in which you are interested in interning.

□ Summer ____________________________

□ Fall ________________________________

□ Spring ______________________________

Please indicate your availability:

Monday: ______________________________

Tuesday: ______________________________

Wednesday: __________________________

Thursday: _____________________________

Friday: _______________________________

Are you available to staff evening or weekend events? _______________

____________________________________________________________________
EDUCATION /EXPERIENCE
If this information is not included in your resume

Current college or university (name, city and state): ________________________________

Expected graduation date: ________________________________

Major(s): ________________________________

Minor(s) (if applicable): ________________________________

List previous internships and employment positions. ________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

NARRATIVE

Why are you interested in interning at the Office of the Arkansas Attorney General?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

What would you like to learn and experience in this internship?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
INTEREST AREAS

List Attorney General’s office services that interest you.

1. 

2. 

3. 

REFERENCES (include name, relationship or title, phone number and email)

1. 

2. 

3. 

My statements on this form and any attachments are accurate to the best of my knowledge. I understand that falsification of any of my answers will lead to the rejection of my application and/or immediate dismissal from the program. I further understand that an internship with the Attorney General is unpaid.

_________________________________________  _________________________________
Signature                                           Date