

Note: In order to save or submit this form it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

Save or scan the filled out form and attached to an email. Refer to the job announcement for submittal instructions.

State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov



Internship Application

Notice: This form is to be used when applying for an internship position with the Department of Natural Resources (DNR). Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).

Applicant Information

Title of internship for which you are applying		Last Name	First	MI
Phone (include area code)	Personal Email			
Complete Mailing Address		City	State	ZIP Code
Permanent Address (if different)		City	State	ZIP Code

What time period would you be available for work? Date (mm/dd/yy): _____ to Date (mm/dd/yy): _____

Days of week: (check all that apply) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What hours?

Do you have a valid driver's license? Yes No Commercial driver's license? Yes No

Education

Select the highest grade completed in high school: 9 10 11 12 Select years of college completed: 1 2 3 4 5 6

Training beyond high school: (List college, technical school, etc.) Name and Location of School(s)	Dates From / To	Major	Degree and Year or Credits Earned

Describe any additional education, training, certifications, skills, or specialized training you have (include operation of equipment)

Work Experience (This section must be completed. You may attach a resume to provide additional information.)

Employer's Name	Location (city and state)
Your title and duties	Supervisor - Name, address, phone number (include area code)
Reasons for leaving or considering leaving	Length of Employment From _____ To _____

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Work Experience (Continued)

Employer's Name	Location (city and state)		
Your title and duties	Supervisor - Name, address, phone number (include area code)		
Reasons for leaving or considering leaving	Length of Employment From _____ To _____		
Employer's Name	Location (city and state)		
Your title and duties	Supervisor - Name, address, phone number (include area code)		
Reasons for leaving or considering leaving	Length of Employment From _____ To _____		

References

Name			
Address	City	State	ZIP Code
Phone (include area code)	Email		
Name			
Address	City	State	ZIP Code
Phone (include area code)	Email		
Name			
Address	City	State	ZIP Code
Phone (include area code)	Email		

Additional Information

Why are you interested in this internship?

Would you be getting credit for this internship? Yes No

Are you a minor? (under the age of 18) Yes No

If you are a minor, please list your birth date: _____ **Note:** If this is a **paid internship**, you will be required to have a work permit.
MM/DD/YYYY

Parent/Guardian's signature (only if a minor)

Date Signed

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Applicant Certification

I certify the information I have provided on this application is true and complete to the best of my knowledge, and that any false or missing job-related information may disqualify me for this position.

NOTE: If submitting this request electronically, please type your name on the signature line.
The email message generated from electronic submittal of this form will be used as an electronic signature.

Signature of Applicant

Date Signed

Printed Name of Applicant (for paper applications only)

Submit by email feature only
available when opened in Adobe
Reader or Acrobat software.

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