



Internship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Driver's License No: _____

Department desired to intern in: _____

Have you ever worked or interned for the City of Pharr before? YES NO If yes, when? _____

Are you related by blood or marriage, to any member of the City Council or any person now employed by the City of Pharr? YES NO If yes, who? _____

Please list an emergency contact: _____
Last First Number Relationship

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize the City of Pharr to conduct a Criminal Background Check on me and understand that certain resulting information may prohibit me from interning with this organization.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, age, disability, citizenship, political affiliation, veteran status, or other unlawful basis.

Signature: _____ Date: _____

Please return completed application with a copy of valid photo ID or Driver's License