



FWC Wildlife Impact Management Internship Application

Please e-mail or mail (**email is preferred**) the following information:

1. Completed application
2. Class Schedule for semester you are applying for
3. Current resume
4. Brief cover letter describing your reasons for applying to this program, your relevant course work, and what you hope to get out of the internship.

If sending by e-mail, use "Wildlife Impact Management Intern Application" as the subject

E-mail: Jacob.Kline@myfwc.com

Mail: Jacob Kline
Wildlife Impact Management Section
Florida Fish and Wildlife Conservation Commission
620 S. Meridian St.
Tallahassee, FL 32399-1600

INTERNSHIP PROGRAM APPLICATION

STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: ____/____/____

SCHOOL: _____ ADVISOR: _____

MAJOR: _____ GPA: _____

Junior ____ Senior ____ Graduate Student ____

APPLYING FOR:

3 credits / 10 hours a week ____ 6 credits / 20 hours a week ____

Summer Semester ____ Fall Semester ____ Spring Semester ____ 20__

AVAILABILITY:

Internship runs from the first day of the semester to the last. Interns are required to submit their class schedule with the application. The intern coordinator will set up a schedule for interns that falls within business hours (8AM – 5PM) and fits their school schedule. Outreach events will require interns to work on some weekends.

HOME ADDRESS (permanent address)

E-MAIL ADDRESS (personal and school address) Indicate your preferred address.

TELEPHONE NUMBER (home and mobile phone numbers)

EMERGENCY CONTACT NAME (relationship and telephone number)

WORK EXPERIENCE

List all work experience, beginning with your most recent employer or attach a current resume with contact phone numbers.

1. EMPLOYER _____

Telephone Number () _____

Dates of Employment _____

Title/Duties _____

2. EMPLOYER _____

Telephone Number () _____

Dates of Employment _____

Title/Duties _____

FOR ADDITIONAL EMPLOYERS, PLEASE ATTACH A SEPARATE SHEET OR A CURRENT RESUME.

ADDITIONAL EXPERIENCE, LANGUAGE ABILITIES, COMPUTER SKILLS, ETC.

AFFIRMATION

As indicated by your dated signature below, you attest to the information provided and accept the terms and conditions of appointment to this program.

Signature: _____ Date: _____

EQUAL OPPORTUNITY

The Florida Fish and Wildlife Conservation Commission prohibits discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Persons with disabilities who require alternative means for communication should contact the Office of Human Resources.