Illinois State Treasurer Summer Internship Program Application Form

Name:			
School Address (if	fapplicable)		
Permanent Addres	s:		
Home Phone:		Cell Phone:	
Email Address:		<u> </u>	
Education:			
Type of School	Name and Location	Degree/Date	<u>Major</u>
High School			
College			
Scholastic Honors/	Extracurricular		

Most recent Employer:	Phone #		
Address:			
Supervisor (Name & Title):			
Position Title:	Start Date:	End Date:	
Description of Duties:			
Employer:	F	Phone #	
Address:			
Supervisor (Name & Title):			
Position Title:	Start Date:	End Date:	
Description of Duties:			
Employer:	P	hone #	
Address:			
Supervisor (Name & Title):			
Position Title:	Start Date:	End Date:	
Description of Duties:			

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References	n	ı u		
Name:	Pr	hone #		
Company/School:				
Relationship:		Known hov	v long:	
References Continued				
Name:	Ph	none#		
Company/School:				
Relationship:	3	Known hov	v long:	
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Name:	Ph	one #		
Name.	A 1	10110 #		
Company/School:				
Relationship:		Known how	v long:	
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Indicate languages that you speak re	ead and/or write.			
Speak:	(circle most applicable)	Fluent	Good	Fair
Read:	(circle most applicable)	Fluent	Good	Fair
reduct.	•			
Write:	(circle most applicable)	Fluent	Good	Fair

I authorize investigation of all statements contained in this application for employment as may be necessary arriving at an employment decision. I understand that this application is not, and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that if hired I am required to abide by all rules and regulations of the Office of the Illinois State Treasurer. Proof of citizenship or immigration status will be required upon employment.	Community/Professional organizations, honors, and aw	ards:
Activities relevant to the internship for which you are applying: Why would you like to work as an Illinois State Treasurer intern? APPLICANT'S STATEMENT I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary arriving at an employment decision. I understand that this application is not, and is not intended to be a contract of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that if hired I am required to abide by all rules and regulations of the Office of the Illinois State Treasurer. Proof of citizenship or immigration status will be required upon employment.		
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	Signature of Applicant	Date
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