



**DEPARTMENT OF COMMUNITY SUPERVISION**  
**INTERNSHIP APPLICATION FORM**  
*An Equal Opportunity Employer*



Please complete this application and email it to [dcsinternship@dcs.ga.gov](mailto:dcsinternship@dcs.ga.gov), you may also include any relevant documentation that you find favorable in being selected for an internship with the department.

**Personal Information**

Name\*

First

Last

Current Address\*

City, State, Zip

Date of Birth\*

Division/Unit Applying For\*

City /County of Interest\*

Home Phone Number\*

Mobile Phone Number\*

Email Address\*

**College/University Information**

Current College or University\*

Year Graduated/Expected Graduation Date\*

Program of Study\*

Current GPA\*

Current Grade Level\*



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### Internship References

Please list three (3) references

*\*One of which MUST be a college professor or faculty member.*

#### Reference One (1)\*

Name

<input type="text"/>	<input type="text"/>
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First

Last

Relationship

Email Address

Phone Number

#### Reference Two (2)\*

Name

<input type="text"/>	<input type="text"/>
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First

Last

Relationship

Email Address

Phone Number

#### Reference Three (3)\*

Name

<input type="text"/>	<input type="text"/>
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First

Last

Relationship

Email Address

Phone Number



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**Internship Availability**

Please list your general availability:

*Check All That Apply\**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning:							
Afternoon:							
Evening:							

**How did you hear about the agency's Internship Program?**

For any questions regarding submission of this application, please contact us at  
[dcsinternship@dcs.ga.gov](mailto:dcsinternship@dcs.ga.gov)