

# ROWAN COUNTY GOVERNMENT

## Intern Information Form

Full Name: \_\_\_\_\_  
(Please print name as shown on your Social Security card)

Address: \_\_\_\_\_  
*Mailing Address City State Zip*

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Assigned County Department: \_\_\_\_\_

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College/University Attending: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Person: \_\_\_\_\_  
*Name Phone #*

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Emergency Contact Person(s):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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I understand that I have accepted an unpaid internship opportunity with the Rowan County department listed above. The internship is expected to begin (*date*) \_\_\_\_\_ and is expected to be complete on/around (*date*) \_\_\_\_\_.

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*Intern Signature*

*Date*

Attachments: Criminal Background & Driving History Authorization  
Technology Use Form

05/06/13