

# **ROWAN COUNTY GOVERNMENT**

## **Intern Information Form**

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

Address: \_\_\_\_\_

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

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

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

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

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

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

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

**Emergency Contact Person(s):**

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

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

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

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