



NEBRASKA BRAND COMMITTEE
 PO BOX I
 ALLIANCE, NE 69301
 TELEPHONE: (308) 763-2930
 WEBSITE: www.nbc.nebraska.gov
 E-MAIL: paul.beaver@nebraska.gov

APPLICATION FOR INTERNSHIP

ATTENTION: Please type or clearly print application & answer all questions. If a question is not applicable, enter "N.A.". If applications are incomplete or illegible they will be returned to you.

| APPLICANT INFORMATION | | | |
|---|--------|---------|----------------|
| Last Name: | First: | Middle: | Date of Birth: |
| CURRENT ADDRESS | | | |
| Street Address: | | | Apt/Unit: |
| City: | | State: | Zip: |
| PERMANENT ADDRESS(If Different) | | | |
| Street Address: | | | Apt/Unit: |
| City: | | State: | Zip: |
| E-MAIL ADDRESS: | | | |
| Is this an efficient way to contact you? () Yes () No | | | |

| SESSION APPLYING FOR & HOURS | |
|--|---|
| Fall _____ Spring _____ Summer _____ | Number of Hours Expected Per Week _____ |
| INTERNSHIP POSITION DESIRED | |
| <input type="checkbox"/> Administration/Brand Recording <input type="checkbox"/> Criminal Investigations <input type="checkbox"/> Brand Inspection | |

| COLLEGE PRESENTLY ATTENDING | | | | |
|-----------------------------|--------|--------|---------------|------------------|
| Street: | | | | |
| City: | State: | Zip: | Phone: () | Year in College: |
| Major: | | Minor: | | GPA: |
| CURRENT FACULTY ADVISOR | | | | |
| Name: | | | | |
| Department: | | | Phone: () | |

ACTIVITIES/ORGANIZATIONS/OFFICES HELD _____

HONORS/AWARDS _____

CITIZENSHIP

Are you a U.S. Citizen? () Yes () No

If naturalized, Date of Entry ____/____/____ Place of Entry _____

Court _____

Date ____/____/____ Place _____

AUTO DRIVER'S LICENSE

Issuing State: _____ License Number: _____

COURT RECORDList all **CONVICTIONS** for felony & misdemeanor only.

| DATE | PLACE | CHARGE | FINAL DISPOSITION | DETAILS |
|------|-------|--------|-------------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Felony convictions & any omitted convictions will disqualify you. All other criminal involvement will be carefully evaluated.

PRESENT/PREVIOUS JOBS (Include title and length of time)

EMERGENCY CONTACT PERSON

Name _____

Street _____ City _____ State _____ Zip _____

Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

COMMENTS:

Signature of Applicant_____
Date**Please be advised this is an unpaid internship. Only one student at a time will be accepted in each geographical area of assignment.**