APPLICATION

U.S. Department of Agriculture Career Intern Program

Career Field _____

Name (last, first, middle) _____

Social Security No. _____ Temporary Mailing Address _____

City _____ State _____ Zip Code _____

Permanent Mailing Address _____

City _____ State _____ Zip Code _____

Temporary Phone _____ Permanent Phone _____

E-mail _____ U.S. Citizen yes ☐ no ☐

Veterans' Preference: none ☐ 5-point ☐ 10-point disability ☐

10-point compensable ☐ 10-point/other ☐ 10-point compensable/30 percent ☐
(Attach DD214, Application for 10-Point Veteran's Preference (SF15), or Department of Defense or Department of Veterans Affairs documentation as appropriate.)

Birth Date _____ Birthplace _____
(month, day, year) (city and state or county)

School _____ Grade Point Average _____
(Must be within six months of application date.)

Date of Graduation _____ Major/Graduate Program _____

Availability: West Virginia

Community Service _____

_____

Awards _____

_____

Leadership Examples _____

_____

I certify that, to the best of my knowledge and belief, all of the information I have provided in this application is made in good faith. I consent to the release of information from schools, employers, and other individuals and organizations about my ability and fitness for Federal employment.

SIGNATURE _____ DATE _____

Please Attach Your Resume or OF-612 to this Application