



Miami-Dade County Application for Student Internship Program

Applicant Information

Last Name	First	Date
Street Address		Apt/Unit
Miami	State	Zip Code
Phone	Cell Phone	
Email Address:		
How did you hear about our internship Program?		

Availability

Please check semesters of availability:

Fall ☐ Spring ☐ Summer ☐ Other, please explain: _____

Please check your general availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-1)						
Afternoon (1-5)						
Saturday (Flexible)						

Areas of Interest

Please indicate which departments interest you (may select a first and second choice):

- Animal Services ☐
- Audit & Management Services ☐
- Community Action & Human Services ☐
- Communications ☐
- Finance ☐
- Homeless Trust ☐
- Human Resources ☐
- Information Technology ☐
- Internal Services ☐
- Juvenile Services ☐
- Management & Budget ☐
- Medical Examiners ☐
- Miami-Dade Elections ☐

- Juvenile Services ☐
- Miami-Dade Aviation ☐
- Miami-Dade Corrections ☐
- Miami-Dade Library ☐
- Miami-Dade Water & Sewer ☐
- Miami-Dade Police ☐
- Miami-Dade Seaport ☐
- Parks, Recreation, & Open Spaces ☐
- Public Housing & Community Development ☐
- Regulatory and Economic Resources ☐
- Solid Waste ☐
- Transportation & Public Trust ☐

Current employment status: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed <input type="checkbox"/>	
Current or most recent paid/intern position held:	
Are you currently a full-time student?	If yes, please indicate school and concentration:
Classification Level: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/>	Areas of study:
Do you speak a second language? Yes, list language: _____ No <input type="checkbox"/>	If yes, please select fluency: Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic <input type="checkbox"/>
Computer Skills/Software used:	

Personal Information
Why are you interested in an internship with Miami-Dade County Government?
What specific experience would you like to gain through the internship?
Describe your long-term goals:

Professional /Educational References	
Name:	Relationship and contact information (e-mail and/or phone number)

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date:

**Applications may be submitted as an attachment to: internships@miamidade.gov or via U.S. Mail to;

Stephen P. Clark Center, Human Resources Department, 111 N.W. 1st Street, Suite 2100, Miami, FL 33128

**Please be advised that all applications selected for an internship with Miami-Dade county will be required to successfully complete a background check 45 days prior to placement. The offer of an internship is contingent upon favorable results from the applicant's background check