

Legal Internship Application



IOWA SECRETARY OF STATE

Please email or mail the **completed application form**, a **copy of your resume**, and **description of program requirements** if seeking academic credit to:

Email: sos@sos.iowa.gov

Mail: Office of the Secretary of State

Attn: Internship Application

State Capitol

Des Moines, IA 50319

General Information:

Name: _____

Current Address: _____

Permanent Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Academic Information:

High School Name: _____ Year of Graduation: _____

College or University: _____

Year of Graduation: _____ GPA: _____

Major(s): _____

Minor(s): _____

Law School: _____

Expected Date of Graduation: _____ GPA: _____

Areas of Specialization (if applicable):

Extracurricular/Military/Community/Volunteer activities and organizations:

Office Information:

Will you be receiving academic credit for this internship? YES _____ NO _____

Check the term(s) you are interested in applying for:

Spring (Jan-May) _____ Summer (June-Aug) _____ Fall (Sept-Dec) _____

Dates of availability: _____

Weekdays and Hours you will be available to work weekly:

Monday	Tuesday	Wednesday	Thursday	Friday

References:

(Please provide three references)

1. Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

If you have any questions, please contact our office at 515-281-6230

3. Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Please be sure you have completed and included this application form, a copy of your resume, and description of program requirements if seeking academic credit.