



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of the Mayor
Office of the Deputy Mayor for Planning and Economic Development



DMPED HONORS INTERSHIP APPLICATION

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date
Street Address:			
City:	State:	ZIP:	
Phone:		E-Mail Address:	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<input type="checkbox"/> Monday	Time In: _____ a.m. /p.m. Time Out: _____ a.m. / p.m.		
<input type="checkbox"/> Tuesday	Time In: _____ a.m. /p.m. Time Out: _____ a.m. / p.m.		
<input type="checkbox"/> Wednesday	Time In: _____ a.m. /p.m. Time Out: _____ a.m. / p.m.		
<input type="checkbox"/> Thursday	Time In: _____ a.m. /p.m. Time Out: _____ a.m. / p.m.		
<input type="checkbox"/> Friday	Time In: _____ a.m. /p.m. Time Out: _____ a.m. / p.m.		
EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College:		Address:	
From:	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Address:	
From:	To	Did you graduate? YES NO	Degree:



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HONORS, AWARDS AND OTHER RECOGNITION ACHIEVEMENTS	
List the type of honor, award or recognition and date received.	
REFERENCES	
List three professional references.	
Reference 1:	Relationship:
Company:	Phone:
E-Mail Address:	
Reference 2:	Relationship:
Company:	Phone:
E-Mail Address:	
Reference 3:	Relationship:
Company:	Phone:
E-Mail Address:	
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, I understand that false or misleading information in my application or interview may result in my release.	
Signature: _____	Date: _____