



STATE OF ARKANSAS
OFFICE OF THE ATTORNEY GENERAL
DUSTIN McDANIEL

INTERN APPLICATION

1. All applicants must submit a complete application packet by the appropriate deadline for the sought internship session. Please include:
 - Intern Program Application
 - Current Resume
 - Two Letters of Recommendation
2. The application packet may be submitted by U.S. Mail or by facsimile.
 - Applications may be faxed to (501) 682-5315 ATTN: Kara Maack or mailed to

Intern Program
Office of the Attorney General
ATTN: Kara Maack
323 Center Street, Suite 200
Little Rock, Arkansas 72201

3. Incomplete applications will not be considered. Please review your items thoroughly prior to submission.

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****Please type or print using black ink.****

PERSONAL DATA

Full Name: _____

College Resident Address: _____

Permanent Address: _____

E-Mail Address: _____

Phone number(s) where you can be easily reached: _____

Resident of Arkansas? Yes No

Date of Birth: _____

AVAILABILITY

Please indicate the term in which you are interested.

- Spring (deadline December 15)*
- Summer (deadline April 30)*
- Fall (deadline July 31)*

Are you available to work at least 20 in-office hours a week? Yes No

If no, please state how many hours you are available per week. _____

Please indicate your availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

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EDUCATION INFORMATION

Current College or University (*Name, City, State*): _____

Expected Graduation Date: _____

Major Field of Study: _____

Minor Field of Study (if applicable): _____

If you would like to receive academic credit for your internship, please send the appropriate materials from your college or university with your complete packet.

BACKGROUND INFORMATION

Have you served as an intern for the Attorney General's Office before? Yes No
If yes, please list the dates in which you interned. _____

List ALL previous intern positions held, if applicable.

ESSAY AND NARRATIVE INFORMATION

Please state why you would be a good representative of the Arkansas Attorney General's Office.

What would you contribute to the Intern Program?

What do you consider your most significant accomplishment? Why?

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AREAS OF INTEREST

Please list, in order of preference, the four departments in the agency that most interest you. *Every effort is made to accommodate preferences; however, you may be considered by any department in the Attorney General's Office.* (You may choose your preferences from the following departments: Public Protection, Civil Litigation and Agencies; Criminal, Medicaid, Communications/Media, Constituent Services, Community Relations, Public Affairs.)

1. _____
2. _____
3. _____
4. _____

CERTIFICATION

My statements on this form and any attachments are true, complete, and correct to the best of my knowledge and belief. I understand that falsification of any of my answers will lead to the rejection of my application and/or immediate dismissal from the program.

Signature

Date

REFERENCES (*please include name, mailing address, phone number, fax number and email address*):

- 1.
- 2.
- 3.