



COLLIN COUNTY LAW GROUP

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INTERNSHIP APPLICATION FORM

Name: _____ Date of Application: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

How did you hear about us? _____

Are you currently enrolled in high school or college? If so, where? _____

Are you available for remote work if needed? _____

List the beginning and end dates you are available for an internship: _____

List the days and times you are available:

DAYS	TIMES – A.M. to P.M.	
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

List any other scheduling availabilities/conflicts:

What is your current major/area of study? What areas of study are you most interested in?

Describe any student organizations, job experiences, additional course work (undergraduate or graduate), skills, degrees, certifications, or licenses that you have that will help you with this internship:

Describe your career goals and how this internship will help you reach those goals. Be specific about the experiences you want to gain through this internship and why you believe this internship can provide such an experience.

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____