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) 682-8084 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.

OFFICE OF ATTORNEY GENERAL DUSTIN McDANIEL

INTERN APPLICATION

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

PERSONAL DATA

Full Name: _____

College Resident Address: _____

_____

Permanent 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 2007 - February 5 – April 6, 2007**(deadline December 15, 2007)***
☐ *Summer 2007 – June 4 – August 3, 2007**(deadline April 30, 2007)***
☐ *Fall 2007 – September 10 – November 9, 2007**(deadline July 20, 2007)***

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: _____

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?

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.