Tennessee Secretary of State Tre Hargett
Division of Human Resources

APPLICATION FOR INTERNS OR VOLUNTEERS FOR THE TENNESSEE STATE LIBRARY AND ARCHIVES

Applicant Information:

Name: _____

Current Address: _____

Permanent Address: _____

Phone: _____

Email: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Education:

Are you currently enrolled in school? Yes ☐ No ☐

If yes, please fill out the following information:

University: _____

GPA: _____

Expected Graduation Year: _____

Major: _____

Minor: _____

Do you plan to earn school credit for this internship? Yes ☐ No ☐

***If yes, you must attach all relevant paperwork from your school to this application. Your application will not be considered without this paperwork**.

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Availability:

Please check term of availability

☐ Fall ☐ Spring ☐ Summer ☐ Winter

Please check your general availability	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (approx. 8-12)	☐	☐	☐	☐	☐
Afternoon (approx. 12-4)	☐	☐	☐	☐	☐

How many hours per week were you hoping to intern or volunteer? _____

Areas of Interest:

Why are you interested in interning or volunteering with our organization?

Which particular projects listed on our website interest you?
See http://sos.tn.gov/products/tsla/interns-and-volunteer-program for current list of opportunities

What specific experience would you like to gain through our organization?

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Candidates may be subject to background checks and will be required to provide additional information such as your Social Security Number.

Submit your application along with your resume and any required school paperwork (if applicable) to Maggie Bahou sos.hr@tn.gov

IMPORTANT, PLEASE READ AND SIGN

Please read carefully before signing:

The Tennessee Department of State does not discriminate in employment on the basis of race, sex, religion, national or ethnic origin, age, disability, military service, or any other protected category.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. I authorize the Department to contact references provided. If any information is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of this internship/volunteer opportunity or immediate dismissal.

Signature: _____ Date: _____

Return this application and resume/credentials to Human Resources via email at sos.hr@tn.gov or via fax at 615-253-5536.