



U.S. Department of Agriculture

Agency or Mission Area

USDA Career Intern Program Application

1. TYPE/FIELD OF WORK YOU ARE APPLYING FOR:

PART A. APPLICANT'S INFORMATION

2. NAME (Last, First, Middle)	3. ARE YOU A U.S. CITIZEN? (Check applicable box below. Only U.S. Citizens are eligible for his program.) Yes    No
4. BIRTHPLACE (City and State, Country and State, or Foreign Country)	5. TEMPORARY MAILING ADDRESS (Including Zip Code)
6. PERMANENT MAILING ADDRESS (Including Zip Code)	7. TEMPORARY TELEPHONE NUMBER (Including Area Code)
8. PERMANENT TELEPHONE NUMBER (including Area Code)	9. E-MAIL ADDRESS

10. VETERAN'S PREFERENCE (Check applicable box that applies to you.)

NONE                                  5-POINT                                  10-POINT DISABILITY                                  10-POINT COMPENSABLE

10-POINT OTHER                                  10-POINT COMPENSABLE/30 PERCENT

(Attach Form DD-214, Report of Transfer or Military Discharge, and Form SF-15, Application for 10-Point Veteran's Preference, or Department of Defense or Department of Veterans Affairs documentation as appropriate.)

PART B. EDUCATIONAL BACKGROUND

11. NAME AND ADDRESS OF COLLEGE OR UNIVERSITY ATTENDED	12. COLLEGE OR UNIVERSITY TELEPHONE NUMBER (Area Code)	
	13. MAJOR/GRADUATE PROGRAM	
14. DATE OF GRADUATION (MM-DD-YYYY) Date must be within six months of application date if you have not completed college.	15. GRADE POINT AVERAGE	16. LIST OF FOREIGN LANGUAGES

17. COMMUNITY SERVICE EXPERIENCE

18. AWARDS (Include dates, types of award, monetary value, etc.)

19. LEADERSHIP EXAMPLES:

**PART C. GEOGRAPIC LOCATIONS (Please check the following geographic locations (states) where you wish to work.)**

Alabama	Alaska	Arizona	Arkansas
California	Colorado	Connecticut	Delaware
District of Columbia	Florida	Georgia	Hawaii
Idaho	Illinois	Indiana	Iowa
Kansas	Kentucky	Louisiana	Maine
Maryland	Massachusetts	Michigan	Minnesota
Mississippi	Missouri	Montana	Nebraska
Nevada	New Hampshire	New Jersey	New Mexico
New York	North Carolina	North Dakota	Ohio
Oklahoma	Oregon	Pennsylvania	Rhode Island
South Carolina	South Dakota	Tennessee	Texas
Utah	Vermont	Virginia	Washington
West Virginia	Wisconsin	Wyoming	

**PART D. APPLICANT'S CERTIFICATION AND SIGNATURE**

*I certify that, to the best of my knowledge and belief, all of the information I have provided in this application is made in good faith. I consent to the release of information from schools, employers, and other individuals and organizations about my ability and fitness for Federal employment.*

20. APPLICANT'S SIGNATURE	21. DATE (MM-DD-YYYY)

**APPLICANTS: PLEASE ATTACH YOUR RESUME TO THIS APPLICATION**

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