



**OFFICE OF NATIONAL DRUG CONTROL POLICY
STUDENT INTERNSHIP APPLICATION**

Please type or print application

Part I

I am applying for an Internship for the following session:

_____ Spring _____ Summer _____ Fall
(check one)

Summer Internships are fulltime. Students selected for the Fall and Spring must commitment to working no less than of 2 days or 20 hours per week.

Dates availability:

Hours availability:

Have you applied to this program or been selected to work in the Office of National Drug Control Policy previously? _____yes _____no

If yes, give specific month & year and component:

How did you hear about the Office of National Drug Control Policy Internship Program?

_____ Career Center _____ Alumni _____ ONDCP Web site _____ OPM Web site

Part II

PERSONAL DATA

Full Name: _____

College Residence Address: _____

Phone Number: _____

Permanent Address: _____

Phone Number: _____

Cell Number (optional) _____

Social Security Number: _____

Date of Birth: _____

Are you an American Citizen? _____

Part III

EDUCATION INFORMATION

College or University/ Date Enrolled:

Classification: ___ Undergraduate ___ Graduate Degree ___ Doctorate

Expected Year of Graduation:

Field of Study:

Major/Minor:

Extracurricular Activities:

Computer Skills:

Community Service or Volunteer Activities in which you have been involved:

Part IV

On a separate sheet of paper, please answer the following questions:

- 1) Why are you seeking employment in the Office of National Drug Control Policy and what do you hope to gain from the experience?
- 2) Briefly describe your future career goals.
- 3) In which component of the Office of National Drug Control Policy are you interested in working? Why do these components interest you?
- 4) Why would you be a good representative of the Office of National Drug Control Policy?

Please include with your application:

- 1) Your current résumé with a cover letter.
- 2) Two letters of recommendation.
(If they are sent separately, please provide a list of names and phone numbers of the references with your application).
- 3) On a separate sheet, give a narrative summary of your experience and/or education (Graduate and Doctorate candidates only).

Please return to:

Executive Office of the President
Office of National Drug Control Policy
Office of Management and Administration
Personnel Team
Please fax to (202) 395-7251

If you have questions, please contact ONDCP Student Employment, Program Coordinator at (202) 395-6693, 6738 or 6695; Monday - Friday 9:00 a.m. - 5:30 p.m.

Part V

AREA OF INTEREST

Please list, in order of preference, the four component areas of interest. Efforts will be made to accommodate preferences, however, we cannot guarantee any placement.

- 1) _____ 2) _____
3) _____ 4) _____

CERTIFICATION THAT MY ANSWERS ARE TRUE

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 or immediate dismissal from the program.

Signature

Date