



APPLICATION FOR INTERNSHIP

intern.aafaf@aafaf.pr.gov

www.aafaf.pr.gov

Name: _____
 Paternal Lastname _____ Maternal Lastname _____ Name _____ M.I. _____

Physical Address: _____

Postal Address: _____

Telephone Number (including area code) Home: _____ Cell Phone: _____

Email: _____

FORMAL EDUCATION	INSTITUTION	DEGREE	MAJOR	YEAR

WORK EXPERIENCE (Indicate your past employment, beginning with the most recent)

Name of Employer	Period of Employment
Title of Position	Period of Employment
Name of Employer	Period of Employment
Title of Position	Period of Employment

REFERENCES	State the name and telephone number of three persons who know you. At least one of them should be one of your university professors.		
	LASTNAMES	NAME	TELEPHONE NUMBER

ADDITIONAL DOCUMENTS In order to consider this application as complete, the EVALUATING COMMITTEE must receive, at intern.aafaf@aafaf.pr.gov, the following documents: transcript showing grade point average and approved credits, your resume, the required essay (a statement in both the Spanish and English languages, 500 words or less, explaining why they should be considered for the internship program, their knowledge of government operations, and how they would contribute to AAFAF), as well as one (1) letter of recommendation per candidate, (OPTIONAL).

By signing below, I certify that the enclosed information is true and complete. In addition, I agree to:

- Comply with the work hours established by, and the rules of the agency where my internship experience takes place.
- Attend all conferences that are given.
- Attend the meetings called by AAFAF's authorized personnel.
- Complete the internship project within the established time frame.
- Submit the reports requested by AAFAF's authorized personnel within the established time frame.
- Fulfill any other responsibility assigned to me as needed by AAFAF.

Applicant's Signature