**Extension Water Programs Internship**

**APPLICATION**

**Instructions  
Complete and submit this application form, along with a resume and cover letter, to** [**annalee.epps@ag.tamu.edu**](mailto:annalee.epps@ag.tamu.edu)**. Deadline: March 23, 2025.   
Questions? Contact Annalee Epps at** [**annalee.epps@ag.tamu.edu**](mailto:annalee.epps@ag.tamu.edu) **or 979-321-5921**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Classification as of May 31, 2025 (ex: U3 or U4):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing and able to work a flexible schedule of up to 20 hours per week starting May 27, 2025 and ending August 8, 2025? (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing and able to participate in day trips outside of College Station? *Travel will be performed in a Texas A&M AgriLife Extension Vehicle*. (Yes/No):­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If accepted for this internship, would you be enrolled in Texas A&M University to receive college credit (3 credit hours) for this internship? (Yes/No):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a violation of any local, state or federal law, other than minor traffic violations, or received pretrial diversion? (This includes a plea of guilty or no contest.) (Yes/No):   
If yes, please describe the offense, including date of conviction and whether it was a misdemeanor or felony:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

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| --- | --- | --- | --- |
| **Name of High School or College** | **Graduated (Yes/No)** | **Major (If applicable)** | **GPA** |
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**Work Experience** (Copy and paste additional boxes as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Name** | **Position Title** | **Dates Employed** | |
|  |  | **From:** **To**: | |
| **Supervisor Name** | **Supervisor Title** | **Supervisor Phone** | **Reason for Leaving** |
|  |  |  |  |
| **Part Time or Full Time** | **Average Hours Worked per Week** | **Were you a supervisor?** | **If yes, number of employees supervised** |
|  |  |  |  |
| **Principle Job Duties** | | **If you were ever employed under a different name, please provide the name used** | |
|  | |  | |

**References** (Please provide current contact information for at least three references)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reference Name** | **Reference Occupation** | **Address** | **Phone Number** | **Email Address** | **How do you know this reference?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Please answer each of the following questions in 100 words or less.**

**Question 1: What would you like to gain from completing this internship?**

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**Question 2: Please describe your interest in water resource restoration and protection.**

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**Question 3: Please describe how your background has prepared you for, and/or inspired you to apply for this internship.**

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By signing below I certify that the statements made by me in this application are true, complete, and correct. I understand that any false statement made herein will void this application and any actions based on it. I understand the filing of this application and the acceptance thereof does not obligate Texas A&M University System members to respond in any way or take any action. I agree to keep this application current should any of the information change.

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_