

# Fall 2016 – Spring 2017 Internship Application

All internship applicants must be **U.S. Citizens; dual citizens are not eligible**. Applicants must also be **currently enrolled** and in **good standing** in a College or University. Applicants focused on Government, Political Science, Comparative Politics, Public Affairs, Communications, or other related fields are preferred. In addition, internships are **unpaid** and **housing is not provided**. A security clearance is required. In order to obtain a security clearance, all selected candidates must pass a background check. All applicants must provide the DHS Office of Public Affairs (OPA) with a copy of the following application, a cover letter, unofficial transcript and a resume no later than September 6<sup>th</sup>.

Due to the large number of applications received, we are unable to respond to all of the applicants individually. Only those candidates under consideration will be contacted. Only email applications will be considered. Please email this form and any supporting documentation to the attention of the OPA Internship Coordinator at **OPA.Internships@dhs.gov**.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Are you a U.S. Citizen?        YES        NO

Do you have dual citizenship:    YES        NO

Will you be enrolled during the term for which you are applying?        YES        NO

College/University: \_\_\_\_\_

State: \_\_\_\_\_ Expected graduation date (month/year): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Preferred address:    Home        Current        Other \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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## **Please complete the following to the best of your knowledge:**

Have you ever interned/worked for a U.S. Government agency?    YES        NO  
if so which one? \_\_\_\_\_

Have you ever been granted a security clearance?        YES        NO

If so, which type:        Confidential        Secret        Top Secret        Other \_\_\_\_\_

When was this clearance granted: \_\_\_\_\_

Is this clearance active?    YES        NO

If no, was this clearance:    Suspended        Revoked        Administratively withdrawn        Denied

Provide date of action for any of the above: \_\_\_\_\_

Is this an interim or temporary clearance?    YES            NO

What agency adjudicated this clearance? \_\_\_\_\_

Investigative basis: \_\_\_\_\_ Type of Investigation: \_\_\_\_\_

Date investigation closed? \_\_\_\_\_ What agency conducted the investigation? \_\_\_\_\_

If selected, you will also be required to submit further information in order to obtain the necessary security clearance.  
Please direct further inquiries to **OPA.Internships@dhs.gov**.