



The Florida Senate Alfred "Al" Lawson, Jr. Internship Program 2011-2012

Addendum Application

For more information visit
<http://www.flsenate.gov>

**APPLICATION DEADLINE IS
5:00 pm, MAY 6, 2011**

GENERAL DIRECTIONS FOR APPLICATION

Complete a Florida Legislative Employment Application, located on the Legislature's website, www.leg.state.fl.us, as well as the [application addendum](#). Submissions should be typed.

OTHER REQUIRED DOCUMENTATION

- Copy of cumulative transcript(s) (photocopies may be submitted).
- Copy of acceptance letter into the university graduate program, or proof of current enrollment in a Florida public law school.
- Copy of Law School Admission Test (LSAT) score(s), Graduate Record Examination (GRE) score(s) or Graduate Management Admission Test (GMAT) score(s), if taken (photocopies may be submitted).
- Two Faculty Recommendations from faculty members familiar with applicant's work and ability. Faculty may attach additional letters of recommendation to the Faculty Recommendation form.
- One Employer Recommendation from an employer familiar with applicant's work and ability. Employers may attach additional letters of recommendation to the Employer Recommendation form.
- Two writing samples as follows:
 1. A one- to two-page writing sample detailing the following:
 - a. your reasons for applying to the internship program; and
 - b. your expectations of the program, including a description of the benefits you intend to receive and how those benefits will contribute to your personal and career goals.
 2. One writing sample of your choice (no minimum length requirement).

The writing sample must be written and edited by the applicant and must be typed.

APPLICATION AND OTHER DOCUMENTATION MUST BE SUBMITTED TO:

**FLORIDA SENATE ALFRED "AL" LAWSON, JR. INTERNSHIP PROGRAM
OFFICE OF THE PRESIDENT
404 SOUTH MONROE STREET
SUITE 409 THE CAPITOL
TALLAHASSEE, FLORIDA 32399-1100**

**DEADLINE FOR RECEIVING MATERIAL IS
5:00 PM, MAY 6, 2011**

Applicants will be required to complete a Florida Department of Law Enforcement (FDLE) background check prior to consideration for participation in the internship program. Contact the Senate President's Office at 850-487-5636 or officeofthesenatepresident@flsenate.gov to obtain the form. The completed FDLE form should be submitted with your application packet.

ADDENDUM TO APPLICATION

THE FLORIDA SENATE ALFRED "AL" LAWSON, JR. INTERNSHIP PROGRAM

APPLICANT NAME: _____

I. EDUCATION

A. GPA

Graduate: _____ Undergraduate: _____

B. What is your major or academic area of concentration?

Graduate: _____

Undergraduate: _____

C. Additional information about your educational experience that you would like considered in this application:

II. HONORS AND ACTIVITIES

Indicate in the appropriate space below if you have ever been involved in or have received any of the following:

SCHOLARSHIPS AND FELLOWSHIPS:

HONORS AND AWARDS:

LEADERSHIP POSITIONS:

INTERNSHIPS (NOT LISTED UNDER EMPLOYMENT):

VOLUNTEER WORK:

PUBLICATIONS:

PROFESSIONAL ASSOCIATIONS:

OTHER ORGANIZATIONS TO WHICH YOU BELONG:

III. AREAS OF INTEREST

Participants are assigned to work with a policy area during their internship. Indicate below your first and second preferences of issue areas and provide a short explanation of the reasons for your preferences on the following page:

- | | |
|---|---|
| <input type="checkbox"/> AGRICULTURE | <input type="checkbox"/> ETHICS & ELECTIONS |
| <input type="checkbox"/> BANKING & INSURANCE | <input type="checkbox"/> GOVERNMENTAL OVERSIGHT &
ACCOUNTABILITY |
| <input type="checkbox"/> BILL DRAFTING | <input type="checkbox"/> HISTORIC CAPITOL MUSEUM |
| <input type="checkbox"/> BUDGET | <input type="checkbox"/> JUDICIARY |
| <input type="checkbox"/> CHILDREN, FAMILIES & ELDER AFFAIRS | <input type="checkbox"/> REAPPORTIONMENT |
| <input type="checkbox"/> COMMERCE & TOURISM | <input type="checkbox"/> REGULATED INDUSTRIES |
| <input type="checkbox"/> COMMUNICATIONS, ENERGY &
PUBLIC UTILITIES | <input type="checkbox"/> SENATE SECRETARY |
| <input type="checkbox"/> EDUCATION PRE-K - 12
& HIGHER EDUCATION | <input type="checkbox"/> TRANSPORTATION |

1st Preference: _____

2nd Preference: _____

IV. PERSONAL REFERENCES

(EXCLUDING RELATIVES AND FORMER EMPLOYERS)

NAME AND ADDRESS

Telephone Number

1. _____ () _____

2. _____ () _____

3. _____ () _____

V. COMPUTER KNOWLEDGE AND SKILLS

List your computer knowledge and skills:

FACULTY RECOMMENDATION

THE FLORIDA SENATE ALFRED "AL" LAWSON, JR. INTERNSHIP PROGRAM

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____

STUDENT'S PHONE NUMBER: _____

FACULTY MEMBER'S NAME: _____

FACULTY MEMBER'S ADDRESS: _____

FACULTY MEMBER'S PHONE NUMBER: _____

The goal of this internship program is to provide participants with training and work experience in the legislative process and public policy making.

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

WHAT WAS THE RANKING OF THE APPLICANT'S PERFORMANCE IN YOUR CLASS?

TOP 10% TOP 25% TOP 50% BOTTOM 50%

CLASS SIZE _____

HOW WOULD YOU RATE THE APPLICANT'S WRITING ABILITY?

OUTSTANDING ABOVE SATISFACTORY SATISFACTORY POOR

HOW WOULD YOU RATE THE APPLICANT'S ANALYTICAL ABILITY?

OUTSTANDING ABOVE SATISFACTORY SATISFACTORY POOR

DID THIS APPLICANT DEMONSTRATE OTHER COMMUNICATION SKILLS?

PLEASE SPECIFY: _____

WHY DO YOU THINK THIS APPLICANT WOULD BE A GOOD CANDIDATE FOR THE INTERNSHIP PROGRAM? _____

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Alfred "Al" Lawson, Jr. Internship Program
404 South Monroe Street
Suite 409 The Capitol
Tallahassee, FL 32399-1100
850-487-5636
officeofthesenatepresident@flsenate.gov

SIGNATURE

TITLE

THIS RECOMMENDATION FORM MAY BE SUBMITTED WITH THE INTERNSHIP APPLICATION
OR SENT DIRECTLY TO THE ADDRESS LISTED ABOVE.

FACULTY RECOMMENDATION

THE FLORIDA SENATE ALFRED "AL" LAWSON, JR. INTERNSHIP PROGRAM

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____

STUDENT'S PHONE NUMBER: _____

FACULTY MEMBER'S NAME: _____

FACULTY MEMBER'S ADDRESS: _____

FACULTY MEMBER'S PHONE NUMBER: _____

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EMPLOYER RECOMMENDATION

THE FLORIDA SENATE ALFRED "AL" LAWSON, JR. INTERNSHIP PROGRAM

EMPLOYEE'S NAME: _____

EMPLOYEE'S ADDRESS: _____

EMPLOYEE'S PHONE NUMBER: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE NUMBER: _____

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