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rtifications, licenses and awards.			
st three (3) references other than relatives: Prof e	essor R	eference Required	
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Emergency Contact Information ————	
Name:	Primary Phone
Secondary Phone	
College Transcript Attachment	
Please email to: Bridgette.Eickhoff@houstontx.go	VC
- Suplemental Questions	
At the end of your 12 weeks internship, you will be	ne required to deliver a presentation. Will you be
willing to comply?	required to detiver a presentation. With you be
Yes	
No	
How many hours a week are you willing to work?	
32 Hours 20 Hours	
ZO Hours	
Signature ————————————————————————————————————	
READ CAREFULLY BEFORE SIGNING! By my signature	e below, I certify, authorize or acknowledge:
•	ection with my application, whether on this document or
	t. I know that the City of Houston will rely upon this sequently, I further understand that any misstatement,
falsification, or omission of information will void	my application and prevent any further processing. If
the City of Houston obtains such information after employment with the city.	er I am hired, I will be subject to termination from my
Name:	
Social Security Number (Last 4 digits only)	
Signature:	
Date	