

SUMMER INTERNSHIP

Student Internship Program Application



Name: _____

Permanent Address: _____

Telephone: () _____

Email Address: _____

School: _____

Major: _____

Do you possess a valid drivers license? Yes No

Expected Date of Graduation: _____

Please indicate which office you are applying to:

Ames Central Complex

Traffic & Safety

**Attach copy of resume and cover letter*

E-mail application, resume and cover letter to vanessa.goetz@dot.iowa.gov

**Applications must be received by April 4, 2012.*

For additional information contact:

Vanessa Goetz
800 Lincoln Way
Ames, IA 50010
515-239-1382

IOWA STATE UNIVERSITY
Institute for Transportation

What are your expectations of this internship?

Why are you choosing the Iowa DOT for a summer internship?

How do you feel the internship will benefit your academic studies?

What work skills and experience do you bring to the job?

Please list related GIS courses you enjoy most and explain why.
Which course was most challenging and why?
