

Thank you for your interest in our organization for your internship. Below you will find information required to process your application for an internship. To complete your application, please submit this form and additional documentation to Lab_Internship@kbi.state.ks.us.

Last Name		First Name		Middle Name				
Address			Phone Number		E-Mail Address			
Institution Attending			Major		Current Academic Year			
Desired Discipline (1st Choice) Desired		Desired D	Desired Location Desired Location		Desired Start Date			
Availability:	Monday		Tuesday	Wednesday	Thursday		Friday	
Time (08:00-17:00):								
180 hours minimum)								
(i.e. objectives, numb	er of hours	required, v	t, please provide inform whether receiving a gra a have selected? Do yo	ade or satisfactory cred	dit):		nts and expectations	
I have included the following items with my application:								
Letter of Interest			Curriculum Vitae			endation		
University Transcripts Written Recommendation I understand that if selected I will be required to pass a background investigation and polygraph examination.								
Signature				Date	porygr			