



## Department of Highways Internship Program Application

FName: \_\_\_\_\_ LName: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current School/College (if applicable): \_\_\_\_\_

Year Graduated High School: \_\_\_\_\_

Check which area you are interested in.

Diesel Mechanics

Engineering (civil)

Heavy Equipment (must be at least 18)

Network Communications

Welding

Other: \_\_\_\_\_

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SUBMIT