



## REFERENCES

Name of Reference:	Relationship to Candidate:	Reference's Telephone Number:
1.		
2.		
3.		

Please list in order of preference the three divisions of the Secretary of State where you would most like to be placed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I certify that the information provided on this form is true and that I am an eligible candidate because I meet the following requirements:

1. I am enrolled in a college or graduate program.
2. I am enrolled in a Georgia college or university **or** I am a Georgia resident.
3. I have at least a 2.75 grade point average.

I authorize the Office of the Secretary of State Internship Program to use this information for intern placement purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To ensure that the Secretary of State Internship application process has been completed properly, please make sure you have enclosed:

1. A completed internship application;
2. An up-to-date resume.

*Resumes and applications can be submitted via mail or fax.*

*Resumes and applications are not reviewed until after the application deadline.*

*Notice may be sent via e-mail, mail or by phone.*