



ATTORNEY GENERAL  
**LESLIE RUTLEDGE**

[ARKANSASAG.GOV](http://ARKANSASAG.GOV)

## **INTERN APPLICATION**

Applicants must be at least 18 years old to apply and submit a complete application packet to include the following.

- Intern program application
- Resume
- At least one letter of recommendation

The packet may be submitted by mail, email or fax.

Intern Program  
Human Resources  
Office of Attorney General Leslie Rutledge  
323 Center Street, Suite 200  
Little Rock, AR 72201  
[internship@arkansasag.gov](mailto:internship@arkansasag.gov)  
Fax (501) 682-5315

323 Center Street, Suite 200, Little Rock, AR 72201  
(501) 682-2007 | [oag@ArkansasAG.gov](mailto:oag@ArkansasAG.gov)

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

Name: \_\_\_\_\_

Which office are you interested in interning at?  Little Rock  Lowell

College resident address: \_\_\_\_\_

\_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_

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

Phone number: \_\_\_\_\_

## SCHEDULE

Indicate the term and dates in which you are interested in interning.

Summer \_\_\_\_\_

Fall \_\_\_\_\_

Spring \_\_\_\_\_

Please indicate your availability:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Are you available to staff evening or weekend events? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION /EXPERIENCE**

*if this information is not included in your resume*

Current college or university (name, city and state): \_\_\_\_\_

\_\_\_\_\_

Expected graduation date: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor(s) (if applicable): \_\_\_\_\_

List previous internships and employment positions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NARRATIVE**

Why are you interested in interning at the Office of the Arkansas Attorney General?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to learn and experience in this internship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INTEREST AREAS

List Attorney General's office services that interest you.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## REFERENCES *(include name, relationship or title, phone number and email)*

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

My statements on this form and any attachments are accurate to the best of my knowledge. I understand that falsification of any of my answers will lead to the rejection of my application and/or immediate dismissal from the program. I further understand that an internship with the Attorney General is unpaid.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*