



INTERNSHIP APPLICATION

Name: Last _____ First _____ M.I. _____

Internship Applying for: _____

How did you learn about us: _____

Department interning for: _____

Time Allotment for Internship? 4wks 6 wks 8 wks Paid ____ Unpaid ____

Have you ever filled an application with us before? yes no

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Day) _____ (Evening)

eMAIL address: _____

Social Security Number: _____ - _____ - _____

Country of Citizenship: _____ Type of Visa: _____

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, please give date, type of offense, place and judgment rendered.

Have you ever served in the U.S. Military Service? Yes No
If yes, complete the following.
Branch of Service _____ Rank _____ Date of Service _____

Type of Discharge _____

Languages: _____ Conversational Reading/Writing proficiency

Please list additional qualifications, skills, personal interests and publications:

EDUCATION

High School: _____

Dates Attended: _____ Level of Degree completed: _____

College: _____

Dates Attended: _____ Level of Degree completed: _____

College Major Pursuance: _____

EMPLOYMENT HISTORY

Please list all previous employment, full-time position preferred unless related part-time positions.

See Attached Resume: May we contact your employer?

Dates (From) _____ (To) _____ Salary _____

Company Name: _____ Title: _____

Reason for Leaving: _____ Work Performed: _____

Dates (From) _____ (To) _____ Salary _____

Company Name: _____ Title: _____

Reason for Leaving: _____ Work Performed: _____

PROFESSIONAL REFERENCES (Do not place co-workers, friends or relatives)

Name: _____ Phone: _____

Address: _____

Professional relationship: _____

Name: _____ Phone: _____

Address: _____

Professional relationship: _____

Name: _____ Phone: _____

Address: _____

Professional relationship: _____

I hereby certify that the information furnished is correct. I understand that any false or incorrect information that I've provided will subject me to dismissal.

Signature _____ Date _____