



# INTERNSHIP APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used of the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring accommodation to complete the application and/ or interview process should notify a representative of the organization.

APPLICANT INFORMATION									
Last Name			First				Date		
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
College			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES									
<i>Please list two professional references.</i>									
Full Name			Relationship						
Company			Phone						
Full Name			Relationship						
Company			Phone						

**PREVIOUS EMPLOYMENT (INCLUDES PAID, VOLUNTEER & INTERN POSITIONS)**

Company		Phone
Supervisor		
Title	Start Date	End Date
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Title	Start Date	End Date
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Supervisor		
Title	Start Date	End Date
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

**RECOGNITIONS**

Honors & Awards	
Activities relevant to internship	

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date