

INTERN APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If you have no information to enter in a section, please write N/A.

Name and Address							
Name (First, MI, Last)				T#			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternative Phone			
If under 18, please list age				Email			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's license number		Issued in what state?	
Intern Details							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
University Department Name (obtaining credit through):				Intern Coordinator		Phone #	
Goals							
What goals do you have for this internship?							

Work Experience

Please list ALL work experience beginning with your most recent job help. Attach additional sheets if necessary.

Company	Job Title
Start Date	End Date

List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.

Company	Job Title
Start Date	End Date

List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.

Company	Job Title
Start Date	End Date

List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1).

2).

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date
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