

Internship Application

Applicant Information								
Full Name:	Last First			Date:				
Address:	Lasi	1 1131		IVI.II.				
, ida, 666.	Street Address				Apartment/Unit #			
	City			State	ZIP Code			
Phone:		Email_						
Date Available: Hours Available:				Social Security No.::				
Position Applied for:								
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO YES NO Have you ever worked for this company? If yes, when?								
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		Educatior						
High School	:	Address:						
From:	To:	YES Did you graduate? □		Diploma::				
College:		Address:						
From:	To:	YES Did you graduate? □	s no	Degree:				
Other:		Address:						
	To:	YES	NO NO	Degree:				



		Education							
What is your classification? (Circle one)	Freshman	Sophomore	Junior	Senior	Graduate				
Do you currently hold one or more degrees? Yes No Major(s):									
Expected graduation date and degree(s):									
Please list any languages, other than English, that you are able to speak fluently, read, or write									
University currently attending:									
Cumulative GPA									
References									
Please list three professional refere	ences.								
Full Name:			Re	elationship:					
Company:				Phone:					
Address:									
Full Name:			Re	elationship:					
Company:				Phone:					
Address:									
Full Name:			Re	elationship:					
Company:									
Address:									
	Previ	ous Employm	ent						
Company:				Phone:					
Address:				Supervisor:					
Job Title:	Starting Salary: \$			Ending Salary:					
Responsibilities:									
From: To:_		Reason	for Leaving:						
May we contact your previous supervisor for a reference? ☐ ☐									



Previous Employment								
Company:		Phone:						
Address:				Supervisor:				
Job Title:	Starting S	Ending Salary: <u>\$</u>						
Responsibili	ties:							
From:	To:							
May we con	tact your previous supervisor for a reference?	YES	NO					
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting S	Ending Salary:\$						
Responsibili	ties:							
From:	To: Reason for Leaving:							
May we con	tact your previous supervisor for a reference?	YES	NO					
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:						

If selected, you must be available to work at least 20 hours per week.