| Internship Application |
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| Applicant Information |
| Name: |
| Date of birth: | Gender:  | Race: |
| Current address: |
| City: | State: | ZIP Code: |
| Phone: | Cell: | Email: |
| Education Information |
| Current Institution of Education: |
| School address: | Phone: |
| City: | State: | Zip Code: |
| Degree Program: | Term Desired: Fall/Spring Year: \_\_\_\_\_\_\_ | Hours Needed: |
| Instructor’s Name:  | Phone: | Email: |
| Emergency Contact |
| Name: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
| Insurance information |
| Have you obtained Student Liability Insurance? Yes or No |
| If no, by when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Internship Information |
| Days of the week preferred: M T W R F S |
| Please provide the duration preferred for each day of the week selected above. | Desired Start Date: |
| Monday Time: | Thursday Time: | Required Start Date: |
| Tuesday Time: | Friday Time: | Desired End Date: |
| Wednesday Time: | Saturday Time: | Required End Date: |
| How did you hear about our agency? |
|  School Career Center |  Family Member or Friend |  Facebook |
|  Professor |  Current Employer |  Marketing Representative |
|  Website |  Former Employer |  Flyer/Brochure/Business Card |
| Candidate Questions (optional) |
| Q: What is your greatest strength? | A: |
| Q: What is your greatest weakness? | A: |
| Signatures |
| I authorize the verification of the information provided on this form. I certify that ALL Applicant, Education, and Insurance information is true and accurate.  |
| Signature of Applicant: | Date: |
| Reviewed By: | Date: |