| Internship Application | | | |
| --- | --- | --- | --- |
| 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: |