

INTERNSHIP APPLICATION

APPLICANT INFORMATION			
LAST NAME:		FIRST:	
		M.I.	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:	E-MAIL ADDRESS:		
DATE AVAILABLE:			
DEPARTMENT OF INTERNSHIP:			
LOCATION OF INTERNSHIP:			
DATE AVAILABLE TO START:		END DATE OF INTERNSHIP:	
PAPERWORK REQUIRED FOR COLLEGE CREDITS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION				
HIGH SCHOOL:			ADDRESS:	
FROM-	TO-	DID YOU GRADUATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE:
COLLEGE:			ADDRESS:	
FROM-	TO-	DID YOU GRADUATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE:

REFERENCES	
<i>PLEASE LIST THREE PROFESSIONAL REFERENCES.</i>	
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE: ()
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE: ()

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: