

# APPLICATION FOR INTERNSHIP

## PRE-INTERNSHIP QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

### INTERNSHIP DESIRED

POSITION		DATE YOU WOULD LIKE TO START	SOCIAL SECURITY NO.
What Hours are you available			
Monday	Wednesday	Friday	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? ___ YES ___ NO WHEN?
Tuesday	Thursday	Saturday	

### EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL INFORMATION**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

**GENERAL INFORMATION**

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES**

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEAR KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

**REMARKS**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
                  EMPLOYMENT MANAGER                   DEPARTMENT HEAD                   GENERAL MANAGER