

Internship Application

Date _____

Name _____

Present Address _____

Permanent Address _____

(if different from above) _____

Phone Number _____ Fax _____

EMPLOYMENT DESIRED:

Position _____

Term You Can Start (Summer / Fall / Spring) _____

Are You Employed Now? Yes No

If so, may we inquire of your present employer? Yes No

Have you ever applied to this company before? Yes No

If yes: Where? _____ When? _____

Special Studies or Research: _____

WORK EXPERIENCE

Month, Year	Name and Address of Employer	Position	Salary	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES

Please list three people, not related to you, who have known you at least one year

Name	Address	Business	Years Acquainted

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PHYSICAL RECORD

Do you have any physical condition that may limit your ability to perform the job applied for?

In case of emergency, please notify:

Name

Address

Phone

I certify that all of the foregoing statements are true and correct to the best of my ability. I understand that misrepresentation or omission of facts is cause for dismissal. I agree to complete the assigned projects given in the specified term.

Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Comments: _____

Ref. Check By: _____ Date: _____

Hire Date: _____ Start Date: _____

Additional
Comments: _____

