

### Personal Information

Last		First		Middle	SSN# (optional)	Email	
Street Address		City		State	Zip	Phone #1	Phone #2
Will you be receiving class credit? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth (optional)	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:			
Home internship? <input type="checkbox"/> Yes <input type="checkbox"/> No Available Schedule				Office Internship? <input type="checkbox"/> Yes <input type="checkbox"/> No Available Schedule			
Which departments do you prefer to learn?				How did you hear about our internship program?			
Weekly Hours Available for Interning?	Earliest Date Available to Start		Have you completed any internships prior? Please explain.				

### Prior Work Experience & Internships

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, State, Zip						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
Did you leave on good terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School				
College/University				
Trade School				
Other				
List any applicable special skills, training or languages?				

### Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, State, Zip			
Telephone			

I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being accepted into the program or lead to my dismissal. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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