



**PLEASE SUBMIT A CURRENT RESUME WITH THIS APPLICATION TO:
 pbell@connectionswork.org**

APPLICATION FOR INTERNSHIP

Applicant Name: _____ Pronouns: _____ Date: _____

Address: _____ Preferred Name: _____

Address: _____ Telephone # _____

School email address: _____

Personal email address: _____

College or University: _____ Degree program: _____

Will you receive school credit for this internship? Yes No Expected graduation date: _____

If yes, provide your program's internship coordinator contact information:

Name: _____

Telephone # _____ Email Address: _____

Date you will be available to start: _____ Date your internship must be completed: _____

Total hours required for internship (to be completed during above period): _____

Semester requested for this internship: _____ Fall _____ Spring _____ Summer YEAR: _____

Expected availability: Monday: _____ Tuesday: _____ Wednesday _____

Thursday: _____ Friday: _____ Sat/Sun: _____

Do you have access to a vehicle and the ability to travel as part of the internship? Yes No

How were you referred to us? _____

Employment/Internship History

Please provide all employment and/or internship information for your past three employers/internships starting with the most recent. You may also include school-held leadership positions or work study.

Employer/Internship _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and title: _____

Date employed: From _____ to _____ or Date of Internship: From _____ to _____

Job Summary: _____

Reason for leaving: _____

Employer/Internship _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and title: _____

Date employed: From _____ to _____ or Date of Internship: From _____ to _____

Job Summary: _____

Reason for leaving: _____

Employer/Internship _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and title: _____

Date employed: From _____ to _____ or Date of Internship: From _____ to _____

Job Summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certifications, and/or other qualifications:

References

List 3 references' names, telephone numbers, and years known (do not include relatives):

- 1. _____
- 2. _____
- 3. _____

I hereby authorize Connections Work to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, internships, educational institutions, and references. I also hereby release from liability Connections Work and its representatives for seeking, gathering, and using such information to make internship decisions and other persons for organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of the internship, whenever it may be discovered.

If I am selected for an internship, I acknowledge that this application does not constitute an agreement or contract for an internship with Connections Work. Accordingly, either I or Connections Work can terminate the relationship at will, with or without cause, at any time.

Applicant original signature: _____ Date: _____