



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: \_\_\_\_\_