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# Internship Application

*An Equal Opportunity Employer*

PERSONAL	Last Name:		First Name:		M.I.:	Date:	
	Mailing Address:					Home Phone:	
	Street Address (if different from Mailing Address):					Cell Phone:	
	Town/City:		State:	Zip:		Social Security #:	
	Email Address:					Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	

POSITION	Internship Applying For:		Full Time: <input type="checkbox"/>	Date You Can Start:	Hourly Rate Desired:	
	Part Time: <input type="checkbox"/>					
	Are You Currently Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, May We Contact Your Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Have You Ever Applied to _____ Before? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do You Know any Current Employees at _____? Yes _____ If Yes, Name: _____ No _____		
Please Circle Days Available: Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.						
Available Hours Each Day: _____			Are You Authorized to Work in the U.S Without Sponsorship? Yes _____ No _____			

EDUCATION & SKILLS	Education Level		School Name, Location, Degree/Concentration, GPA			Circle Last Yr. Completed
	High School					9 10 11 12
	College					1 2 3 4 More
	Trade, Correspondence or Business School					____ Months Attended
	Skills (check all that apply):		<input type="checkbox"/> Knowledge of Lumber Materials	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Landscaping	
		<input type="checkbox"/> Basic Math Skills	<input type="checkbox"/> Painting – Interior/Exterior	<input type="checkbox"/> Other _____		
		<input type="checkbox"/> Forklift Experience/Certification	<input type="checkbox"/> Computers (Excel, Outlook, Word, Etc.)			
Provide Information on Awards, Clubs, Volunteer Work, etc.						

EMPLOYMENT	Name of Current Employer:			Phone:			
	Address:			Supervisor Name:			
	Job Title:		Starting Hourly Rate:		Ending Hourly Rate:		
	From: _____ To: _____		Reason for Leaving:				
	Name of Previous Employer:			Phone:			
	Address:			Supervisor Name:			
	Job Title:		Starting Hourly Rate:		Ending Hourly Rate:		
	From: _____ To: _____		Reason for Leaving:				

<b>EMPLOYMENT</b>	Name of Previous Employer:		Phone:	
	Address:		Supervisor Name:	
	Job Title:	Starting Hourly Rate:	Ending Hourly Rate:	
	From: _____	To: _____	Reason for Leaving:	

<b>REFERENCES</b>	List three (3) references you are <b>NOT</b> related to, whom you have known at least one (1) year.			
	Name	Address	Phone	Years Acquainted
			(   )	
			(   )	
		(   )		

### AUTHORIZATION

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind.

I agree that the Company shall not be held liable in any respect if my internship is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void.

I understand that a medical examination based on the requirements of the internship position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining an internship position, which the party disclosing such facts knows to be untrue.

In consideration of my internship, I agree to conform to the rules and regulations of this organization. My internship and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_