

Internship Application



helping families help themselves
nationally accredited since 1972

(PLEASE PRINT)

Date of application _____

Name _____
Last First M.I.

If you prefer to be called by a nickname, please list it here: _____

Address _____
Number Street City State Zip Code

Telephone Number(s) _____ E-mail Address _____

Position applied for _____

Would you receive class credit for this internship? _____ Yes _____ No

If yes, how many hours are you required to work? _____

If yes, is this a supervised class? _____ Yes _____ No

Are there any University/Program Requirements? _____ Yes _____ No

If yes, please explain, _____

Why are you interested in interning with Family Services, Inc.? _____

What dates could you work? _____

Are there any times or days that you are unable to work? _____

Have you been convicted of a felony? _____ Yes _____ No

If yes, please explain _____

Employment

(Please start with your most recent or present job)

1. Employer's Name		Work Performed	
Address			
Telephone Number(s)			
Dates Worked From: To:	Salary Starting: Final:		
Job Title	Supervisor		
Reason for Leaving			
2. Employer's Name		Work Performed	
Address			
Telephone Number(s)			
Dates Worked: From: To:	Salary Starting: Final:		
Job Title	Supervisor		
Reason for Leaving			
3. Employer's Name		Work Performed	
Address			
Telephone Number(s)			
Dates Worked From: To:	Salary Starting: Final:		
Job Title	Supervisor		
Reason for Leaving			
4. Employer's Name		Work Performed	
Address			
Telephone Number(s)			
Dates Worked From: To:	Salary Starting: Final:		
Job Title	Supervisor		
Reason for Leaving			

Education

	Name and Address	Course of Study	Years Completed	Degree
Elementary School				
High School				
College				
Graduate				
Other				

Specialized Skills

Please check/list skills:

____ Photocopier

____ Typewriter

____ Fax

____ Windows

____ Microsoft Publisher/Desktop Publishing

____ WordPerfect/Word

____ Excel/Spreadsheets

____ Access/Databases

____ E-mail

Others (list):

Additional Information

Describe any specialized training or professional, trade, business, or extracurricular activities.

Summarize special job-related skills and qualifications acquired from employment or other experiences.

What skills would you like to develop further with this internship?

References

1.	<hr/> Name	<hr/> ()	<hr/> Telephone Number
	<hr/> E-mail address	<hr/> Address	
	<hr/> Relationship	<hr/> Years Acquainted	
2.	<hr/> Name	<hr/> ()	<hr/> Telephone Number
	<hr/> E-mail address	<hr/> Address	
	<hr/> Relationship	<hr/> Years Acquainted	
3.	<hr/> Name	<hr/> ()	<hr/> Telephone Number
	<hr/> E-mail address	<hr/> Address	
	<hr/> Relationship	<hr/> Years Acquainted	

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary.

I understand that false or misleading information given in my application or interview(s) may result in rejection or dismissal from the program. I understand that I am required to abide by all rules and regulations of Family Services, Inc.

Signature

Date