



APPLICATION FOR INTERNSHIP

An Equal Opportunity Employer

PERSONAL INFORMATION:

DATE: _____

NAME: _____ **SOCIAL SECURITY #:** _____
LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ **EMAIL:** _____ **DATE OF BIRTH:** ___/___/___

SOCIAL MEDIA USER NAMES:

Facebook: _____ Instagram: _____
 Twitter: _____

SPECIAL QUESTIONS
 Do not answer any of the questions in this framed area unless the employer has checked a box preceding a question. Thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.

Are you prevented from lawfully becoming employed in the U.S.? Yes ___ No ___

What Foreign Languages do you speak fluently? _____ Read ___ Write ___

EMPLOYMENT DESIRED:

- Carpenter's Apprentice Pathway Project Assistant
 Laborer's Apprentice Pathway Clerical

Date you can start: ___/___/___

Are you employed now? Yes ___ No ___ If so, may we inquire of your present employer? Yes ___ No ___

EDUCATION	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	CURRENT GRADE LEVEL	SUBJECTS STUDIED
High School				
Are you in the college <i>Running</i>				
Trade, Business or Online School				

(continued on other side)

GENERAL

Subjects of special study/research work/volunteer work or hobbies: _____

REFERENCES: Give the names of two persons not related to you, whom you have known at least one year.

NAME	PHONE #	SCHOOL NAME	YEARS ACQUAINTED

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes ___ No ___

If yes, what can be done to accommodate your limitation? (please describe) _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Address _____

Phone Number: _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED: Yes No POSITION: _____ DEPT.: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED:	1.	2.	3.
	EMPLOYMENT MANAGER	DEPARTMENT HEAD	GENERAL MANAGER