



## INTERNSHIP APPLICATION

**Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Day): ( ) \_\_\_\_\_ (Evening): ( ) \_\_\_\_\_ (Mobile): ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

School Presently Attending/Location: \_\_\_\_\_

Status:  Freshman  Sophomore  Junior  Senior  Graduate Student  Other \_\_\_\_\_

Term interested in working:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Are you able to perform the essential job functions of the internship for which you are applying?  Yes  No

How did you become aware of our organization? \_\_\_\_\_

Have you previously volunteered with the GSC?  Yes  No

If yes, please indicate the event(s) in which you have worked: \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No

**Education:** (Circle the highest level completed)

High School: 1 2 3 4      College: 1 2 3 4      Graduate School: 1 2 3 4

School	School Name and Location	Dates Attended		Graduate?	Degree Received
		From	To		
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College University or Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Special Training and/or Experience:**

- Accounting
- Marketing
- Cold-calling
- Multi-Line Phones
- Database Management
- Typing: \_\_\_\_\_ (wpm)
- Use of Personal Computer
- Other: \_\_\_\_\_

- Microsoft Word
- Microsoft Excel
- Microsoft Power Point
- Microsoft Access
- Microsoft Publisher
- Microsoft Outlook
- Quark
- PageMaker
- Other Software: \_\_\_\_\_

**Work History Information:**

- List all employment (List present or most recent position first):
- Answer all questions in full

<i>Employer:</i>	<i>Name and Title of Supervisor:</i>	<i>Your Title:</i>
<i>Address:</i>	<i>Dates Employed: (MM/DD/YYYY)</i> <i>From: _____ To: _____</i>	<i>Duties:</i>
<i>Phone: ( )</i>	<input type="checkbox"/> <i>Full Time</i> <input type="checkbox"/> <i>Part Time</i>	
<i>Reason for Leaving:</i>		
<b>Account for periods of unemployment between positions:</b>		
<i>Employer:</i>	<i>Name and Title of Supervisor:</i>	<i>Your Title:</i>
<i>Address:</i>	<i>Dates Employed: (MM/DD/YYYY)</i> <i>From: _____ To: _____</i>	<i>Duties:</i>
<i>Phone: ( )</i>	<input type="checkbox"/> <i>Full Time</i> <input type="checkbox"/> <i>Part Time</i>	
<i>Reason for Leaving:</i>		
<b>Account for periods of unemployment between positions:</b>		
<i>Employer:</i>	<i>Name and Title of Supervisor:</i>	<i>Your Title:</i>
<i>Address:</i>	<i>Dates Employed: (MM/DD/YYYY)</i> <i>From: _____ To: _____</i>	<i>Duties:</i>
<i>Phone: ( )</i>	<input type="checkbox"/> <i>Full Time</i> <input type="checkbox"/> <i>Part Time</i>	
<i>Reason for Leaving:</i>		
<b>Account for periods of unemployment between positions:</b>		

What type of work are you interested in?     Full Time     Part Time

What is your availability to work?     Days     Evenings     Weekends     Anytime

