



## INTERNSHIP APPLICATION

### Instructions:

This application should be filled out completely by the student with the assistance of a parent or guardian. Application must include parent's signature of approval.

Student's Name: \_\_\_\_\_

Return to: \_\_\_\_\_  
*Teacher's Name* *Room #*

- **Business OJT Internship:** Internships in this program include: office related jobs, accounting positions, computer related or administrative assistant positions.
- **Marketing OJT Internship:** Internships in this program include: marketing, distribution and retail.
- **Other Internships:** Internships available through Small Learning Communities (SLC) include those in health careers, technology, education, precision production, hospitality, drafting and other career areas related to the SLC program.

## INTERNSHIP APPLICATION

Please fill out completely in ink with the help of your parent/guardian. When completed, please attach a resume with employment and education information included. If you have questions, please see the On the Job Training Coordinator in your SLC.

### Student Information

Name: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Why do you want to enroll in this program? \_\_\_\_\_

List two careers you would like to pursue: (1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

Name two places you would like to work:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Will you need help finding an internship placement? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, where will you be employed?

Name of Company/Organization: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Wages: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_

Does your supervisor know the details of the internship program? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all software you have learned to operate, either on the job or at school:

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations and/or chronic ailments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

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List the names of high school teachers we may contact for references:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_

### Transportation

What means of transportation will you use to get to and from your internship?

Own car \_\_\_\_\_ Parent's will drive & pick up \_\_\_\_\_

Parent's car \_\_\_\_\_ Other (please explain) \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best time to contact you at home? Day: \_\_\_\_\_ or Evening: \_\_\_\_\_ & Time: \_\_\_\_\_

*I approve of the above transportation plan that will enable my son/daughter to participate in the internship program.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_