



APPLICATION FOR 2024-2025 CAREER INTERN PROGRAM

DATE:

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SCHOOL ID #
PRESENT ADDRESS			
HOME TELEPHONE NUMBER - -	CELL TELEPHONE NUMBER - -	E-MAIL ADDRESS	
BIRTHDATE / /	AGE years	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	NUMBER OF ABSENCES IN CURRENT YEAR : Absences : School Business

PARENT/LEGAL GUARDIANS

NAME	RELATIONSHIP	EMPLOYER	WORK PHONE - -	HOME PHONE - -
NAME	RELATIONSHIP	EMPLOYER	WORK PHONE - -	HOME PHONE - -

SCHOOL INFORMATION

HIGH SCHOOL	COUNSELOR	CURRENT GRADE	CURRENT GPA .
CAREER AREAS OF INTEREST (Example: Teacher, Medicine, Business, Engineer, etc.)			
LIST ANY CAREER-RELATED COURSES COMPLETED (Example: Business, Science, Math, or Career Center Classes)			
LIST THE CLASSES YOU WOULD TAKE ALONG WITH HAVING AN INTERNSHIP			
EXPLAIN YOUR REASONS FOR WANTING TO BECOME A CAREER INTERN			
FLUENT FOREIGN LANGUAGE SKILLS: Read / Write / Speak Language: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SEMESTER PREFERENCE FOR CAREER INTERN PROGRAM 1 st Semester <input type="checkbox"/> 2 nd Semester <input type="checkbox"/> Either Semester <input type="checkbox"/>	
OTHER SKILLS (Example: Music, Math, Computer, etc.)			
SCHOOL ACTIVITIES (list activities participated in and any leadership roles you played)			
COMMUNITY ACTIVITIES (list activities participated in and any leadership roles you played)			
DO YOU HAVE ANY AFTERNOON OBLIGATIONS DURING THE INTERNSHIP (Example: part-time work, sports, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please explain:			
DO YOU HAVE ANY HEALTH PROBLEMS WHICH MAY AFFECT YOUR PARTICIPATION IN THE PROGRAM? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please explain:			
AS A CAREER INTERN, YOU WILL BE EXPECTED TO PROVIDE YOUR OWN TRANSPORTATION AND DRESS ACCORDING TO THE NEEDS OF THE SPONSOR. DO EITHER OF THESE STIPULATIONS POSE A PROBLEM FOR YOU? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please explain:			

EMPLOYMENT/VOLUNTEER HISTORY (START WITH MOST RECENT)

1.

NAME & ADDRESS	POSITION HELD	TO		FROM		REASON FOR LEAVING	NAME OF SUPERVISOR
		MO.	YR.	MO.	YR.		
	DESCRIBE WHAT YOU DID:						
TELEPHONE - -							

2.

NAME & ADDRESS	POSITION HELD	TO		FROM		REASON FOR LEAVING	NAME OF SUPERVISOR
		MO.	YR.	MO.	YR.		
	DESCRIBE WHAT YOU DID:						
TELEPHONE - -							

3.

NAME & ADDRESS	POSITION HELD	TO		FROM		REASON FOR LEAVING	NAME OF SUPERVISOR
		MO.	YR.	MO.	YR.		
	DESCRIBE WHAT YOU DID:						
TELEPHONE - -							

APPLICANT: PLEASE READ AND SIGN BELOW

1. I certify the information I have submitted on this application is true and complete. I understand that any false, misleading or incomplete information may result in disqualification from the Career Intern Program.
2. I hereby authorize the Career Intern Program Coordinator to contact any former and current employers I have provided regarding me and my performance record and work experience.
3. **Participation in this program requires regular attendance at the sponsor's site, weekly seminars, assignments, and weekly journals. If accepted for this program, your signature below indicates you are prepared to meet these obligations.**
4. I will abide by the policies, rules and regulations, as amended from time to time, of the Career Intern Program.

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT PRINTED NAME: _____

PARENTAL/GUARDIAN PERMISSION

I give permission to allow my son/daughter/ward above to participate in the **Career Intern Program** during the **2019-20** academic year.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PARENT/GUARDIAN PRINTED NAME: _____

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