



## INTERN APPLICATION FORM

(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

Current Address \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone No. (\_\_\_\_\_) \_\_\_\_\_

Permanent Address if different than current \_\_\_\_\_ Email Address \_\_\_\_\_  
 \_\_\_\_\_

Citizenship Status (Check One): U.S. \_\_\_\_; Permanent Resident \_\_\_\_; Student Visa \_\_\_\_; Type \_\_\_\_\_

How did you hear about AID? \_\_\_\_\_

### RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree
			1	2	3	4		
High								
College								
Other (Specify)								

### PRESENT AND PAST WORK EXPERIENCE (Include Paid and Volunteer):

Name and Address of Company and Type of Business	From	To	Description of Duties
Telephone			
Telephone			
Telephone			

### EXPERIENCE, SKILLS AND QUALIFICATIONS

Word Processing: Yes \_\_\_\_ No \_\_\_\_                                      Windows Proficient: Yes \_\_\_\_ No \_\_\_\_  
 Excel:                      Yes \_\_\_\_ No \_\_\_\_                                      Foreign Languages Spoken \_\_\_\_\_  
 First Aid Certified: Yes \_\_\_\_ No \_\_\_\_                                      CPR Certified: Yes \_\_\_\_ No \_\_\_\_

Do you have a valid driver's license and use of a car? Yes \_\_\_\_ No \_\_\_\_ License Only \_\_\_\_

Other Skills/Abilities/Interests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When are you available to start? \_\_\_\_\_ Approximate hours per week \_\_\_\_\_

Geographic preferences/limitations \_\_\_\_\_

Area of Interest:            \_\_\_\_\_ Behavioral Health            \_\_\_\_\_ Office/Clerical  
                                  \_\_\_\_\_ Business/Finance            \_\_\_\_\_ Psychology  
                                  \_\_\_\_\_ Crisis Intervention            \_\_\_\_\_ Social Work  
                                  \_\_\_\_\_ Developmental Disabilities            \_\_\_\_\_ Therapy (OT/PT/SLP)  
                                  \_\_\_\_\_ Information Technology            \_\_\_\_\_ Weekend Retreat  
                                  \_\_\_\_\_ Nursing            \_\_\_\_\_ Other \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name & Occupation	Relationship	Telephone Number	Email Address

As a facility that cares for people with disabilities, we cannot knowingly retain any individual who performs direct care for clients, patients or residents if that person has been convicted of committing or of attempting to commit one or more offenses as deemed by the Healthcare Worker Background Check Act. Consideration for internship with AID will be conditional upon finding no prior criminal convictions as listed in the Criminal Background Check Act. For additional information, refer to AID form E120c, Important Information About Prior Criminal Convictions.

Signature of Intern Applicant \_\_\_\_\_ Date \_\_\_\_\_

**INTERNSHIP INFORMATION**

School or College Partner \_\_\_\_\_

Faculty Contact Person \_\_\_\_\_ Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Year in School \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

What are your objectives for participating in an internship program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What kinds of work would you like to do during your internship? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Form: F110a  
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