

INTERN APPLICATION FORM

(PLEASE PRINT CLEARLY)

Date _____

Name _____ Social Security No. _____
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?	List Diploma or Degree
High			1	2	3	4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No					
College			1	2	3	4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No					
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No					

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
New: 08/08
Revised: 5/09; 11/08, 12/08
Reviewed: 09/15; 04/14; 05/11
Source: Human Resources