



# APPLICATION FOR INTERNSHIP

**NOTICE:** PLEASE ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY, INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. COMPLETED APPLICATIONS WILL REMAIN ACTIVE FOR A PERIOD OF 60 DAYS FROM RECEIPT. THOSE NOT SELECTED WITHIN THE 60 DAY PERIOD WILL BE REQUIRED TO RE-APPLY FOR AN INTERNSHIP. FORD STREET PROJECT IS AN EQUAL OPPORTUNITY EMPLOYER.

PERSONAL INFORMATION		
FIRST NAME	MIDDLE	LAST
PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL
PRESENT ADDRESS	CITY/STATE/ZIP	
PERMANENT ADDRESS	CITY/STATE/ZIP	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE COUNTRYR BECAUSE OF VISA OR IMMIGRATIONS STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF SELECTED FOR EMPLOYMENT WILL YOU BE ABLE TO PROVIDE VALID I-9 DOCUMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SELECTED FOR EMPLOYMENT ARE YOU WILL TO SIBMIT TO A PRE-EMPLOYMENT DRUG SCREENING TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PLACEMENT DESIRED							
PROGRAM						DATE YOU CAN START	
DAYS YOU CAN WORK?:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS:							
HAVE YOU EVERY WORKED FOR THE FORD STREET PROJECT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO						IF YES, WHEN/WHAT PROGRAM:	

EMPLOYMENT HISTORY				
CURRENT EMPLOYER	OCCUPATION/SALARY	DATES OF EMPLOYMENT	REASON FOR LEAVING	MAY WE CONTACT THEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR	PHONE NUMBER	ADDRESS	CITY/STATE/ZIP	
PREVIOUS EMPLOYER	OCCUPATION/SALARY	DATES OF EMPLOYMENT	REASON FOR LEAVING	MAY WE CONTACT THEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR	PHONE NUMBER	ADDRESS	CITY/STATE/ZIP	
PREVIOUS EMPLOYER	OCCUPATION/SALARY	DATES OF EMPLOYMENT	REASON FOR LEAVING	MAY WE CONTACT THEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR	PHONE NUMBER	ADDRESS	CITY/STATE/ZIP	
PREVIOUS EMPLOYER	OCCUPATION/SALARY	DATES OF EMPLOYMENT	REASON FOR LEAVING	MAY WE CONTACT THEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR	PHONE NUMBER	ADDRESS	CITY/STATE/ZIP	
PREVIOUS EMPLOYER	OCCUPATION/SALARY	DATES OF EMPLOYMENT	REASON FOR LEAVING	MAY WE CONTACT THEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR	PHONE NUMBER	ADDRESS	CITY/STATE/ZIP	

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIES DEGREES / CERTIFICATES
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION	
LANGUAGES	WRITTEN: _____ SPOKEN: _____
CERTIFICATIONS, TRAININGS AND LICENSES HELD	
SPECIAL SKILLS	
OTHER	

PROFESSIONAL REFERENCES			
FULL NAME	RELATIONSHIP	YEARS KNOWN	PHONE NUMBER (REQUIRED)
FULL NAME	RELATIONSHIP	YEARS KNOWN	PHONE NUMBER (REQUIRED)
FULL NAME	RELATIONSHIP	YEARS KNOWN	PHONE NUMBER (REQUIRED)
FULL NAME	RELATIONSHIP	YEARS KNOWN	PHONE NUMBER (REQUIRED)

PLEASE ATTACH RESUME

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS EXECUTIVE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

FIRST NAME	LAST	SIGNATURE	DATE
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NOTES:	<b><u>FORD STREET PROJECT OFFICE USE ONLY</u></b>	DATE RECEIVED: _____
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