

BCPS

A LIFE IMPROVEMENT BUSINESS™

APPLICATION FOR INTERNSHIP

Applicant Name: _____ Pronouns: _____ Date: _____
Address: _____ Preferred Name: _____
Address: _____ Telephone # _____
Email Address: _____
College or University: _____ Degree program: _____
Will you receive school credit for this internship? _____ Yes _____ No
If yes, provide your program's internship coordinator contact information:
Name: _____
Telephone # _____ Email Address: _____

Date you will be available to start: _____ Date your internship must be completed: _____
Total hours required for internship (to be completed during above time period): _____
Semester requested for this internship: _____ Fall _____ Spring _____ Summer Year: _____
Times of day available: Monday: _____ Tuesday: _____ Wednesday _____
Thursday: _____ Friday: _____ Sat/Sun: _____
Do you have access to a vehicle and the ability to travel as part of the internship? _____ Yes _____ No
How were you referred to us? _____

Employment/Internship History

Please provide all employment and/or internship information for your past three employers/internships starting with the most recent. You may also include school-held leadership positions or work study.

Employer/Internship _____ Position Held: _____
Address: _____ Telephone #: _____
Immediate Supervisor and title: _____
Date employed: From _____ to _____ or Date of Internship: From _____ to _____
Job Summary: _____
Reason for leaving: _____

Employer/Internship _____ Position Held: _____
Address: _____ Telephone #: _____
Immediate Supervisor and title: _____
Date employed: From _____ to _____ or Date of Internship: From _____ to _____
Job Summary: _____
Reason for leaving: _____

Employer/Internship _____ Position Held: _____
Address: _____ Telephone #: _____
Immediate Supervisor and title: _____
Date employed: From _____ to _____ or Date of Internship: From _____ to _____
Job Summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certifications, and/or other qualifications:

References

List 3 references' names, telephone numbers, and years known (do not include relatives):

1. _____
2. _____
3. _____

I hereby authorize BCPS to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, internships, educational institutions, and references. I also hereby release from liability BCPS and its representatives for seeking, gathering, and using such information to make internship decisions and other persons for organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of the internship, whenever it may be discovered.

If I am selected for an internship, I acknowledge that this application does not constitute an agreement or contract for an internship with BCPS. Accordingly, either I or BCPS can terminate the relationship at will, with or without cause, at any time.

PLEASE SUBMIT A CURRENT RESUME WITH THIS APPLICATION

Please send application materials to: pbell@bcpsreentry.org

Applicant original signature: _____
(no electronic signatures)

Date: _____