

# BCPS

A LIFE IMPROVEMENT BUSINESS™

## APPLICATION FOR INTERNSHIP

Applicant Name: _____	Application 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:

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**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](mailto:pbell@bcpsreentry.org)

Applicant original signature: \_\_\_\_\_  
(no electronic signatures)

Date: \_\_\_\_\_