



INTERNSHIP APPLICATION

PERSONAL INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS _____
(CITY) (STATE) (ZIP)

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

AVAILABLE START DATE _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

CELL PHONE _____ WORK PHONE _____

GENERAL INFORMATION

PREFERRED CITY/CITIES

PREFERRED INTERNSHIP FOCUS

Circle all that apply

Administration

Data Analysis

Engineering

Research

Other _____

EDUCATION

	GRADUATION	NAME & LOCATION OF SCHOOL	MAJOR
UNDERGRADUATE			
GRADUATE			

EMPLOYMENT HISTORY**COMPANY NAME:** _____

FROM:		POSITION:		
TO:		ADDRESS		
SALARY/HR:			(STREET)	(CITY) (STATE) (ZIP)

DUTIES PERFORMED:

REASON FOR LEAVING:

COMPANY NAME: _____

FROM:		POSITION:		
TO:		ADDRESS		
SALARY/HR:			(STREET)	(CITY) (STATE) (ZIP)

DUTIES PERFORMED:

REASON FOR LEAVING:

REFERENCES *Reference people not related to you, whom you have known for at least 1 year*

NAME	PHONE NUMBER	CAREER	YEARS KNOWN

AUTHORIZATION

I certify the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds of dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

By initialing this box I certify that I am legally authorized to work in the United States and can provide proof, if necessary.

SIGNATURE

DATE

Thank you for your interest in applying to SCPPA. After completing the above application and return it to Salpi Ortiz at the following email address: sortiz@scppa.org along with your resume and cover letter.

Applications will remain on file for one year. Your application will be shared with the hiring managers in each member city who will then contact you directly if they are interested in discussing opportunities with you further.