



Internship/Work Study Application

(PLEASE PRINT)

Date of application _____

Name _____
Last First M.I.

Address _____
Number Street City State Zip Code

Telephone Number(s) _____

E-mail Address _____

Position applied for _____

Would you receive class credit for this internship? ____ Yes ____ No

If yes, how many hours are you required to _____

If yes, is this a supervised class? ____ Yes ____ No

Are there any University/Program Requirements? ____ Yes ____ No

If yes, please explain,

Why are you interested in interning with Willowstone Family Services?

What dates could you work? _____

Are there any times or days that you are unable to work? _____

Employment Experience

(Please start with your most recent or present job)

1. Employer(s) Name: _____
Address: _____
Telephone Number(s): _____
Dates Worked From: _____ To: _____
Salary Starting: _____ Final: _____
Job Title: _____
Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

2. Employer(s) Name: _____
Address: _____
Telephone Number(s): _____
Dates Worked From: _____ To: _____
Salary Starting: _____ Final: _____
Job Title: _____
Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

3. Employer(s) Name: _____
Address: _____
Telephone Number(s): _____
Dates Worked From: _____ To: _____
Salary Starting: _____ Final: _____
Job Title: _____
Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

4. Employer(s) Name: _____
Address: _____
Telephone Number(s): _____
Dates Worked From: _____ To: _____
Salary Starting: _____ Final: _____
Job Title: _____
Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

Education

	Name and Address	Course of Study	Years Completed	Degree
Elementary School				
High School				
College				
Graduate				
Other				

Specialized Skills

Please check/list skills:

Photocopier

Typewriter

Fax

Windows

Microsoft Publisher/Desktop Publishing

WordPerfect/Word

Excel/Spreadsheets

Access/Databases

E-mail

Others (list):

Additional Information

Describe any specialized training or professional, trade, business, or extracurricular activities.

Summarize special job-related skills and qualifications acquired from employment or other experiences.

What skills would you like to develop further with this internship?

References

1. Name: _____

Phone: (_____) _____

E-mail: _____

Address: _____

Relationship: _____

Years Acquainted: _____

2. Name: _____

Phone: (_____) _____

E-mail: _____

Address: _____

Relationship: _____

Years Acquainted: _____

3. Name: _____

Phone: (_____) _____

E-mail: _____

Address: _____

Relationship: _____

Years Acquainted: _____

Applicant(s) Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary. I also authorize Willowstone Family Services. to investigate my criminal background with the state(s) and counties I have previously and/or currently reside in. Internships and Work Studies and offers of Internships and Work Studies are subject to a favorable background check.

I understand that false or misleading information given in my application or interview(s) may result in rejection or dismissal from the program. I understand that I am required to abide by all rules and regulations of Willowstone Family Services.

Signature

Date