

# INTERNSHIP APPLICATION FORM

Applicant Information:

**Full Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Address Information:

**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_

Educational Background:

**Current Institution:** \_\_\_\_\_  
**Degree Program:** \_\_\_\_\_  
**Expected Graduation Year:** \_\_\_\_\_

Internship Details:

**Position Applying For:** \_\_\_\_\_  
**Available Start Date:** \_\_\_\_\_  
**Available End Date:** \_\_\_\_\_  
**Preferred Work Schedule:** \_\_\_\_\_

Emergency Contact:

**Full Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

Applicant's Declaration and Signature:

I certify that the information provided in this Internship Application Form is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information may be grounds for rejection of the application or termination of internship if accepted. I authorize the company and its representatives to verify any information provided and to conduct background checks as permitted by law. I agree to comply with all company policies and rules if offered and accept the internship under the terms and conditions set forth by the company.

**Applicant Signature:** \_\_\_\_\_

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

For Office Use Only:

**Application Received By:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_  
**Action Taken:** \_\_\_\_\_

Notes:

**Applicant's Signature**

**Interviewer's Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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