



# APPLICATION FOR INTERNSHIP

Last Name	First Name	M.I.	Date of Application	Internship Applying for
Street Address			University currently enrolled in:	
City, State Zip			How many credit hours have you earned? In what field?	
Home Telephone	Alternate Phone		Have you worked for USKC previously? If yes, give date:  YES                  NO	
Do any of your relatives work at USKC?  YES                  NO	Can you travel if the internship requires it?  YES                  NO	Do you have reliable transportation to and from USKC?  YES                  NO	What days and times are you available?	
What is your current GPA? (official transcript required)	Are you over the age of 18? YES                  NO	Are you able to perform the described internship, with or without accommodations?  YES                  NO		
Have you ever been convicted of a crime or plead guilty, no contest, or gone through a diversion program in relation to a crime, other than a minor traffic violation? If yes, explain here:  YES                  NO				
What hours are you available?			Do you require compensation for your learning experience with USKC?	

## EDUCATION

	Name and address of school	Course of Study	Credit Hours Earned	Degree Attained
<b>High School</b>				
<b>College or Trade School</b>				
<b>Graduate School</b>				
<b>Other (specify)</b>				



# APPLICATION FOR INTERNSHIP

## EMPLOYMENT EXPERIENCE

Employer		Telephone Number	Dates Employed (month/year)
Address		Beginning Salary	Ending Salary
Job Title	Supervisor	Duties	
Reason for Leaving			

May we contact your current employer?  YES  NO

Employer		Telephone Number	Dates Employed (month/year)
Address		Beginning Salary	Ending Salary
Job Title	Supervisor	Duties	
Reason for Leaving			

Employer		Telephone Number	Dates Employed (month/year)
Address		Beginning Salary	Ending Salary
Job Title	Supervisor	Duties	
Reason for Leaving			



# APPLICATION FOR INTERNSHIP

## SKILLS

Describe any specialized training, apprenticeship, and skills relevant to the position you are applying for.

List professional, trade, business, or civic activities and offices held.

**SPECIALIZED SKILLS (Please list years of experience):**

Excel \_\_\_\_\_      Access \_\_\_\_\_      Internet \_\_\_\_\_

Word \_\_\_\_\_      Powerpoint \_\_\_\_\_      Outlook \_\_\_\_\_

**List other relevant machines / software experience and years:**

**TRUE AND COMPLETE STATEMENTS:** I certify that the information contained in this application is true and correct without omissions of any kind whatsoever. I hereby acknowledge my understanding that falsification of the information given or the omission of any necessary or relevant information is grounds for refusal to hire, or, if hired, for termination. I agree that USKC, Inc., called "The Company" herein, shall not be liable in any respect if internship relationship is terminated because of any such false statements or omissions.

**NATURE OF INTERNSHIP:** I understand that internships, generally speaking, are unpaid at USKC, and therefore, I am not applying for and not expecting to become an employee of USKC. The internships at USKC provide learning experience for the students through practicum work and guidance for experienced individuals.

**COMPANY POLICIES / PROCEDURES:** If I become an intern, I agree to conform to the policies and procedures of the Company and acknowledge that these may be changed, interpreted, withdrawn, or amended by the Company at any time, at the Company's sole option and without prior notice to me.

**RELEASE OF INFORMATION:** I acknowledge and permit that, from time to time, the Company may be required to submit certain information with regard to my internship or application and release the Company, its agents, assigns and organizational units, from any liability resulting from submission of such information.



# APPLICATION FOR INTERNSHIP

Signature

Date

## SELF-IDENTIFICATION FORM

This page asks for information about you to help our company ensure that internships are awarded based on merit and not on race, gender, or other demographic. Completion of this form as an applicant is completely voluntary, and will in no way affect your chances for an internship. Please note that the information contained on this form is kept in a confidential file and is not part of your application for internship.

Interns are selected without regard to race, color, religion, gender, national, origin, age, disability, marital or veteran status or any other legally protected status.

Full Name	Social Security Number
Circle One MALE                      FEMALE	Circle if you identify yourself as VIETNAM ERA VETERAN    DISABLED VETERAN    DISABLED
Circle your ethnic origin: WHITE    BLACK    HISPANIC    AMERICAN INDIAN / ALASKAN NATIVE    ASIAN / PACIFIC ISLANDER    OTHER	
BIRTHDATE	

Signature

Date