



Unpaid Internship Application

To be completed by the Intern and submitted to the Human Resources Office.



APPLICANT INFORMATION					
Last Name:		First Name:			Date:
Street Address:				Apt/Unit:	
City:	State:	Zip:	Email:		
Primary Phone:		Secondary Phone:		Fax:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
AVAILABILITY					
Check semesters of availability: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other:					
Check your general daily availability :					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (approx. 9am–1pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (approx. 1pm –5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AREAS OF INTEREST					
EXPERIENCE, EDUCATION AND SKILLS					
Current Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Currently Employed					
Current or Most Recent Paid Position:					
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate school and concentration:			
Student Level? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student		Areas of Study:			
Do you speak languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate language(s) and level of fluency (fluent, semi-fluent, basic):			
Computer Skills/Software Used:					

EMPLOYMENT HISTORY

Position/Title:	Employer Name:	Tel:
Mailing Address:	City:	State: Zip:
Supervisor Name:	Title:	Tel:
Supervisor Name:	Title:	Tel:

Check all that apply:
 Full Time
 Part Time (give average number hours worked weekly:)
 Summer
 Temporary
 Technical
 Non-managerial
 Supervisory/Managerial (give number of employees supervised:)

Start Date:	End Date:	Final Salary:
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Comments:

Position/Title:

Position/Title:	Employer Name:	Tel:
Mailing Address:	City:	State: Zip:
Supervisor Name:	Title:	Tel:
Supervisor Name:	Title:	Tel:

Check all that apply:
 Full Time
 Part Time (give average number hours worked weekly:)
 Summer
 Temporary
 Technical
 Non-managerial
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Start Date:	End Date:	Final Salary:
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Comments:

Position/Title:

Position/Title:	Employer Name:	Tel:
Mailing Address:	City:	State: Zip:
Supervisor Name:	Title:	Tel:
Supervisor Name:	Title:	Tel:

Check all that apply:
 Full Time
 Part Time (give average number hours worked weekly:)
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 Temporary
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 Non-managerial
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Start Date:	End Date:	Final Salary:
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Start Date:	End Date:	Final Salary:
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Comments:

PERSONAL INFORMATION

Why are you interested in an internship in our organization?

What specific experience would you like to gain through this internship?

Describe your long-term career goals.

PROFESSIONAL REFERENCES

Name	Relationship	Contact Information (email address and/or phone number)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release. I understand that DIR will check with the Texas Department of Public Safety, the Federal Bureau of Investigation, or other organizations for any criminal history in accordance with applicable statutes.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Signature	Date
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