

# INTERNSHIP APPLICATION

The purpose of this application is to collect learner information to assist in the matching of learners to Internship Hosts. It will be shared with the Internship Host and be retained for use in case of an emergency.

## LEARNER INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Best method of contact in an emergency? \_\_\_\_ Home Phone \_\_\_\_ Cell Phone \_\_\_\_ Email

Name of Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Best method of contact in an emergency? \_\_\_\_ Home Phone \_\_\_\_ Cell Phone \_\_\_\_ Email

Name of Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Best method of contact in an emergency? \_\_\_\_ Home Phone \_\_\_\_ Cell Phone \_\_\_\_ Email

## INTERNSHIP PREFERENCES

When would you like to schedule your internship?

\_\_\_ Summer prior to 4<sup>th</sup> year

\_\_\_ Spring of 4<sup>th</sup> year

\_\_\_ Fall of 4<sup>th</sup> year

\_\_\_ Other - Explain \_\_\_\_\_

Do you have reliable transportation? \_\_\_ Yes \_\_\_ No

If no, explain briefly \_\_\_\_\_

Do you have any persistent health problems that may affect your performance in this program?

\_\_\_ Yes \_\_\_ No - Please explain \_\_\_\_\_

If you answered "yes" to the previous question, do you believe that there are any reasonable accommodations which would allow you to participate in this program? \_\_\_ Yes \_\_\_ No

If "Yes", please identify what reasonable accommodations you believe could be provided to allow you to participate in this program? \_\_\_\_\_

## WORK HISTORY

Do you have any work experience? \_\_\_ Yes \_\_\_ No

If yes, please fill out the following (if you have more than 3 please fill in the most recent):

Employer \_\_\_\_\_ Dates \_\_\_\_\_

Responsibilities \_\_\_\_\_

Do you still work for this employer? \_\_\_ Yes \_\_\_ No

If not, what was your reason for leaving? \_\_\_\_\_

Employer \_\_\_\_\_ Dates \_\_\_\_\_

Responsibilities \_\_\_\_\_

Do you still work for this employer? \_\_\_ Yes \_\_\_ No

If not, what was your reason for leaving? \_\_\_\_\_

Employer \_\_\_\_\_ Dates \_\_\_\_\_

Responsibilities \_\_\_\_\_

Do you still work for this employer? \_\_\_ Yes \_\_\_ No

If not, what was your reason for leaving? \_\_\_\_\_

## INTERNSHIP INTERESTS

What are your career interests?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What are some ideas or leads you have for internship placement?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## NOTES

Please use this section to include any additional information you believe will be helpful in ensuring you are assigned to an internship most consistent with your desires and abilities:

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## SIGNATURE

In signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I also understand that this information may be shared with Internship Hosts, who may not be employed by Plano ISD.

Learner Signature:

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