



APPLICATION FOR INTERNSHIP

Community Intervention Associates (CIA) is an Equal Opportunity Employer. Qualified applicants receive consideration for internship without discrimination on any basis protected by applicable federal, state or local law. Applicants who need accommodation when engaged in the application process should inform Community Intervention Associates.

Answer each question **completely**. A resume may be attached, but **does not** replace completion of this application.

Applying for: <input type="checkbox"/> Bachelor's Level General Internship <input type="checkbox"/> Master's Level Clinical Internship	Date of Application
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NAME _____
Last
First
Middle

ADDRESS _____
Street
City
State
Zip

HOME PHONE _____ MOBILE PHONE _____

How did you learn about our internships? (School, agency, friend, website, etc.) _____

Are you currently a CIA employee or intern? Yes No

EDUCATION/PROFESSIONAL TRAINING

	High School	Undergraduate	Graduate/Professional
School Name & Location			
Years Completed	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Diploma/Degree			<small><u>Please indicate month / year earned</u></small>
Describe Field of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities			
Describe any honors you have received			
Are you a: State Licensed Counselor? Yes <input type="radio"/> No <input type="radio"/> Out of State Licensed? Yes <input type="radio"/> No <input type="radio"/>	License Type: _____ License #: _____		

Employment Experience

Start with your present or most recent job.

1.

Employer	Dates Employed		Work Performed
Address	From: Mth/Day/Yr	To: Mth/Day/Yr	
	Hourly Rate/Salary		
Phone Number(s)	Starting	Final	
Job Title			
Supervisor's name and title	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

2.

Employer	Dates Employed		Work Performed
Address	From: Mth/Day/Yr	To: Mth/Day/Yr	
	Hourly Rate/Salary		
Phone Number(s)	Starting	Final	
Job Title			
Supervisor's name and title	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

3.

Employer	Dates Employed		Work Performed
Address	From: Mth/Day/Yr	To: Mth/Day/Yr	
	Hourly Rate/Salary		
Phone Number(s)	Starting	Final	
Job Title			
Supervisor's name and title	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

4.

Employer	Dates Employed		Work Performed
Address	From: Mth/Day/Yr	To: Mth/Day/Yr	
	Hourly Rate/Salary		
Phone Number(s)	Starting	Final	
Job Title			
Supervisor's name and title	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If you need additional space, please continue on a separate sheet of paper.

Office Skills

(Where applicable, specify software or system)

- | | |
|--|--|
| <input type="checkbox"/> Word processing _____ | <input type="checkbox"/> Multi-line phones/reception _____ |
| <input type="checkbox"/> Spreadsheet _____ | <input type="checkbox"/> Bookkeeping _____ |
| <input type="checkbox"/> Database _____ | <input type="checkbox"/> Other _____ |

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience that you feel would be helpful to us in evaluating your ability to perform in this position.

Do you speak a language in addition to English? Yes No Please specify: _____

Volunteer Experience/Activities

You may exclude activities that disclose the race, color, national origin, sex, age, religion, marital status, sexual orientation, veteran status, or disabilities of organization members.

Organization	From	To	Duties & Responsibilities

References

List three work references who are not related to you. **Please include their addresses and/or phone numbers.**

Name	Company	Contact (Phone & Email)	Relationship
1.		Phone: E-mail:	
2.		Phone: E-mail:	
3.		Phone: E-mail:	

1. Are you presently employed? Yes No
2. Do you have any responsibilities, obligations, activities or commitments that would prevent you from meeting the work schedule or attendance requirements of this job? Yes No If yes, please explain _____

3. Have you ever filed an application with us before? Yes No If yes, give date(s) _____
4. Are you or have you ever been employed with us before? Yes (if yes, answer questions 5,6,7) Give date(s) _____ No
5. Were you consistently (12 months) on time with your billing? Yes No
6. Did you consistently meet your production standards (12 months)? Yes No
7. Did you receive "meets or exceeds" ratings on your Performance Reviews? Yes No
8. Have you ever volunteered or interned with us before? Yes No If yes, give date(s) _____
9. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No
10. On what date would you be available to begin as an intern? _____
11. Are you able to perform the essential functions of the internship for which you are applying? Yes No
12. Have you been convicted of a crime or been released from prison within the last seven (7) years for an offense involving dishonesty or breach of trust? (A "yes" answer will not necessarily bar you from employment.) Yes No
If yes please explain _____

U.S. Military Service

Branch of Service	Date In	Date Out	Where Served	Specialty

Additional Comments

I certify that the information given by me to Community Intervention Associates (CIA) is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with CIA interests or those of its clients nor will I become engaged in such activity or business if employed.

I authorize CIA to solicit information regarding previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release CIA from any liability for future references it may provide regarding my work history at the agency.

Signature _____ Date _____