

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: Bachelor's Level General Internship Master's Level Clinical Internship							Date of A	pplication	<u>.</u>		
NAMELast											
				First					Middle		
ADDRESSStree						0.1					
Stree	et					City			State	Zip	
HOME PHONE				M	OBILE	PHON	E				
How did you learn about our	internsh	i ps? (Sc	hool, agen	cy, friend,	website,	etc.)					
Are you currently a CIA empl	loyee or	intern?		Yes	[] No)				
	E			PROFE	SSIO	NAL 1		ING			
							rgradu		Graduate	/Professi	ional
School Name & Location											
Years Completed	9 🗌	10 🗌	11 🗌	12 🗌	1 🗌	2 🗌	3 🗌	4	1 🗌 2 🔲 🗄	3 🗌 4 🗌] 5 🗌
Diploma/Degree									Please indicate	month / year e	earned
Describe Field of Study											
Describe any specialized training, apprenticeship, skills and extra-curricular activities											

dotivities		
Describe any honors you have received		
Are you a:		License Type:
State Licensed Counselor? Ye	eso No o	
Out of State Licensed? Yes	so No o	License #:

Employment Experience Start with your present or most recent job.

1.

Employer	Dates E	mployed	Work Performed
r - J -	From:	To:	
Address	Mth/Day/Yr	Mth/Day/Yr	
Phone Number(s)	Hourly Ra	ate/Salary	
	Starting	Final	
Job Title	Ŭ		
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Curren iserie neme and title	Eull Time	Davt Times	
Supervisor's name and title	Full-Time	Part-Time	
Desses for Leaving			Maxima and at this and have for a set or a set
Reason for Leaving			May we contact this employer for a reference?
			Yes No
2.			
Employer		mployed	Work Performed
	From:	To:	
Address	Mth/Day/Yr	Mth/Day/Yr	
Phone Number(s)	Hourly Ra	ate/Salary	1
	Starting	Final	
Job Title			
Supervisor's name and title	Full-Time	Part-Time	
Reason for Leaving			May we contact this employer for a reference?
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3. Employer		mployed	Work Performed
Employer	From:	To:	Work Performed
		mployed To: Mth/Day/Yr	Work Performed
Employer Address	From: Mth/Day/Yr	To: Mth/Day/Yr	Work Performed
Employer	From: Mth/Day/Yr Hourly Ra	To: Mth/Day/Yr ate/Salary	Work Performed
Employer Address Phone Number(s)	From: Mth/Day/Yr	To: Mth/Day/Yr	Work Performed
Employer Address	From: Mth/Day/Yr Hourly Ra	To: Mth/Day/Yr ate/Salary	Work Performed
Employer Address Phone Number(s) Job Title	From: Mth/Day/Yr Hourly Ra Starting	To: Mth/Day/Yr ate/Salary Final	Work Performed
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If you need additional space, please continue on a separate sheet of paper.

Office Skills

(Wh	ere applicable, specify software or system)	
	Word processing	Multi-line phones/reception
	Spreadsheet	Bookkeeping
	Database	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 o No o 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	То	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 🗖
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2.	Do you have any responsibilities, oblig	gations, a	activities or	commitments that	at would prevent y	ou from meeting the wo	rk schedule or
	attendance requirements of this job?	Yes 🗆	No	If yes, please	e explain		

3.	Have you ever filed an application with us before? Yes D No D 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 D No D 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 V No V					
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 $lacksquare$ No $lacksquare$					
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 I No I					
	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