



## Internship Application

Applicant Information			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail:	
Cell Phone		Alternate Contact Info	
Date Available		Social Security #	Birthday
Position Applied for			Desired Salary
Certification(s)		License(s)	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this organization?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?

Education				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

References	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

Work/Intern Experience:

Special Skills/Hobbies:

Why do you want to work at DEAF Inc.?

Days/Times available				
Monday	Tuesday	Wednesday	Thursday	Friday

Which Departments are your areas of interest?

Interpreting Services  
Information Technology  
Special Projects  
Public Relations  
Event Planning

Information & Referral  
Human Services  
General Office  
Fundraising  
Accounting

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date