

*Allentown Women's Center*  
Application for Internship / Externship (Unpaid)

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

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

Are you 18 years or older? Yes  No

Are you either a US citizen or an alien authorized to work in the United States? Yes  No

**Internship / Externship desired**

Position / Type of Work: \_\_\_\_\_

School: \_\_\_\_\_ Total hours needed: \_\_\_\_\_

Supervisor Name / Phone: \_\_\_\_\_

Are you currently employed? Yes  No

If yes, may we talk to your present employer? Yes  No  N/A

Date you can start: \_\_\_\_\_ Days / Times available to work: \_\_\_\_\_

**Education History**

	Name / Location of School	# Years attended	Did you graduate?	Degree earned / Grade point average
High School				
Trade / Business School				
College				

**Employment History – List most recent first**

1. Name / Location of Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Dates employed - From: \_\_\_\_\_ to \_\_\_\_\_

Salary / Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**CONTINUE ON OTHER SIDE**

2. Name / Location of Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates employed - From: \_\_\_\_\_ to \_\_\_\_\_  
Salary / Rate: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
3. Name / Location of Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates employed - From: \_\_\_\_\_ to \_\_\_\_\_  
Salary / Rate: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever been bonded? Yes  No  If yes, with which employers? \_\_\_\_\_

Which of the above jobs did you like best and why? \_\_\_\_\_  
\_\_\_\_\_

**References – Please give the names of three professional references (people you have worked for before):**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ # Years acquainted: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ # Years acquainted: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ # Years acquainted: \_\_\_\_\_

Are you willing to undergo a criminal background check? Yes  No

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if accepted, my internship is for no definite period and may be terminated at any time without prior notice and without cause.

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