

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SPECIAL TRAINING, CERTIFICATIONS OR PRESENTATIONS: _____

COMPUTER SKILLS:

Experienced in: (Circle): Microsoft Macintosh Other _____

Indicate Skill Level: B = Basic I = Intermediate A = Advanced 0 = No experience

Word /Word Processing _____ Excel/Spreadsheet _____ Access/Database _____ PowerPoint/Presentation _____ Internet _____

Other Software Skills _____

RECORD OF CONVICTION:

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EMPLOYMENT: List last employer first, including U.S. Military Service.

If any employment was under a different name, indicate name _____

Employer _____ City, State _____

Telephone _____ Position _____

Dates of Employment: (Mo/Yr) From _____ To _____ Starting Salary _____ Ending Salary _____

Supervisor _____ Title _____

Duties _____ FT PT No. of Hrs. _____

May we contact this employer? Yes No

Employer _____ City, State _____

Telephone _____ Position _____

Dates of Employment: (Mo/Yr) From _____ To _____ Starting Salary _____ Ending Salary _____

Supervisor _____ Title _____

Duties _____ FT __ PT __ No. of Hrs. _____

May we contact this employer? ___ Yes ___ No

If you wish to describe additional work experience, attach a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? _____ Yes _____ No

If yes, explain: _____

REFERENCES:

Please Provide Two Professional References

Name: _____ Position/Title: _____ Phone or Email: _____

Name: _____ Position/Title: _____ Phone or Email: _____

AVAILABILITY:

Please indicate which days and times you WOULD be available to intern at CW.

_____ Monday Times available _____

_____ Wednesday Times available _____

_____ Friday Times available _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above internship application are true and complete to the best of my knowledge and authorize Communication Works to verify their accuracy and to obtain reference information on my work performance. I hereby release Communication Works from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an internship decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an intern offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of internship nor anything said during the interview process shall be deemed to constitute the terms of an implied contract. I understand that any internship offered is for an indefinite duration and at will and that either I or the Employer may terminate my internship at any time with or without notice or cause.

Signature of Applicant _____ Date: _____