

Application for Internship



An Equal Opportunity Employer

We are an equal opportunity employer and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Please provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time. A criminal background check is done for everyone who interns with ForKids.

Personnel Information

Last Name		First		MI		Other Name(s)		Date of Application	
Street address						How Long at Address?		Social Security Number	
City		State		ZIP		If Under 18, Please List Age		Home Phone	
Type of Internship desired		All Internships are Unpaid.		Days/Hours Available No Pref _____ Thurs _____ Mon _____ Fri _____ Tues _____ Sat _____ Wed _____ Sun _____		How many hours are required to fulfill your internship?		Are you available Nights? _____ Weekends? _____ Holidays? _____	
Internship Desired:		<input type="checkbox"/> Spring of _____ <input type="checkbox"/> Fall of _____ <input type="checkbox"/> Summer of _____				How did you learn of ForKids?			
What is your area of Study?									

Educational History

School Name	Location (city, state)	Number of Years Completed	Degree
High School			
College (list all attended)			

Driving Information

Application for Internship

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Drivers License Number:	State of Issue:	<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration Date:	Have You Had Any Accidents Over the Past Three Years?	How Many?
	Have You Had Any Moving Violations Over the Past Three Years?	How Many?

Computer and Office Experience

Computer Skills:	<input type="checkbox"/> PC	<input type="checkbox"/> Mac	Please List Other Skills and/or Equipment/Language Experience You Have Acquired:
	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	
	<input type="checkbox"/> Access	<input type="checkbox"/> Publisher	

References: Please List Two (2) References Other Than Relatives or Previous Employers.

Name	Relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

May we contact your college advisor? Yes No

Have You Ever Been Convicted of a Crime? Yes No (A conviction will not necessarily result in the denial of employment)

Military

Have You ever Been in the Armed Forces of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No				
Branch of service	From	To	Are you Presently a Member of the National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Record:

Starting with your most recent employer for the past five years. If more space is required, please continue on a separate sheet.

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

Name of Employer	Your Last Job Title			
Street address	Phone number	City	State	ZIP code
Supervisor's Name	Phone Number	Reason for leaving		

List the jobs you held, duties performed, skills used or learned and advancements or promotions you received while you were employed in this position.

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Internship Information:

What expectations do you have for your internship with ForKids?

What educational requirements must be met to satisfy your internship with ForKids?

Will ForKids be required to provide a written evaluation of your internship?

When will you be available to start your internship and how long will it last?

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Indicate any honors, certificates, or licenses held:

Past and present professional, business, or civic organizations: (you may omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disability)

Volunteer experience: (you may omit any experience which reflects your race, color, religion, age, sex, sexual orientation or disability)

ForKids, inc. is a DRUG - FREE WORKPLACE in accordance with the Drug-Free Workplace Act of 1988. Every employee may be required to participate satisfactorily in random drug testing.

I hereby certify that the answers and other information on this application are true and correct. I understand that any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

I hereby authorize ForKids to obtain information pertaining to my previous employment, references, and criminal background check. I understand that references and information disclosed within this application are subject to verification. References will be contacted and a criminal background check will be conducted through the Virginia State Police Department. The following information will then be evaluated before a formal offer of employment will be made to the applicant.

Signature

Date