



Intern Screening Application

Applicant Information			
Last Name:	First Name:	Date:	
Street Address:			Apt/Unit:
City:	State:	Zip:	
Phone:	Cell Phone:		
Email address:			
List your <i>Desire to Learn (D2L)</i> accounts (Bright Space):			Student ID#:
Have you ever pled guilty or been found guilty of a crime or an offense? If so, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes please explain:	
How did you hear about our internship program?			

Experience/Education and Skills	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
How many credit hours are you currently taking?	
How many credit hours have you completed?	
Current grade point average (GPA)	
Do you have volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the company and your role
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> AMSC Alumni	Areas of study:
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language: <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	
Please indicate which area interests you:	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Education <input type="checkbox"/> Human Resources <input type="checkbox"/> Mass Communication <input type="checkbox"/> Science <input type="checkbox"/> Business <input type="checkbox"/> Fundraising <input type="checkbox"/> Human Services <input type="checkbox"/> Non-profits <input type="checkbox"/> Technology <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Healthcare <input type="checkbox"/> Other, please explain: _____	

Internship Interest

Why are you interested in an internship?

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

Availability

Please check semesters of availability:

Fall Spring Summer Other, please explain: _____

Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning\ (approx. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

Professional References

(i.e past employer, mentor, professor etc.)

Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release from the internship program. You may print, sign and return this form by email or provide an electronic signature and return by email.

Please note, a background check may be required.

Student Signature:

Date:

-----**FOR OFFICE USE ONLY**-----

Signatures

Application Review

Signature:	Date:	<i>Attach advisement evaluation</i>
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Career Workshops

Signature:	Date:	<i>Attach event flyer</i>
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Email the completed application to internships@atlm.edu, or deliver the application to L-206.