



Internship Application

Applicant Information

Full Name: _____ Birthdate: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () Social Security E-mail Address: Emergency Contact:
Date Available: No.(last 4 digits): ()
Days you are available: Max. # of hours/week:

Area/department of interest:

Are you requesting a paid internship? YES NO Is this internship for school credit? YES NO

If this internship is for school credit, list special requirements from your school or instructions that we should be aware of including assessments or evaluations upon completion of internship. School affiliation is required.

School Lead/Adviser: Phone: E-mail:

Objectives/Expectations for this internship:

Education

High School: Address: YES NO
From: To: Did you graduate? Degree:
College: Address: YES NO
From: To: Did you graduate? Degree:
Other: Address: YES NO
From: To: Did you graduate? Degree:

Special Skills and Professional Activities

Additional skills and special qualifications:

List professional activities/organizations of which you are a member:

References

Please list three references. Please include at least one school official and do not list friends or family members.

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Employment (Start with most recent or current employer.)

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
I understand that incomplete applications will not be processed and that Carilion Clinic's Student Affairs requires the application at least 45 days prior to starting an internship.*

Signature: _____ Date: _____

Mail your completed application and resume to Visiting Student Affairs, Carilion Clinic, PO Box 13367, Roanoke, VA 24033-3367.

Office use only:

Placement:

Paid

Unpaid