Intern Application

1

This information will not be the only basis for internship decisions. **You are not required to furnish any information that is prohibited by federal, state, or local law.**

|  |  |
| --- | --- |
| **Date:** | **Department** (Leave Blank):       |
| **Last Name:** | **First Name:**  | **Middle Name:**  |
| **Home Address:**  |
| **City:**  | **State:**  | **Zip Code:**       |
| **Email Address:**  |
| **Telephone Number with Area Code:** |
| **Home:**  | **Cell:**  | **Business:**       |
| **Confidential Fax:**       |  |  |
| **For what internship are you applying?** (Double click on boxes)  **[ ]  Fall [ ]  Winter [ ]  Spring [ ]  Summer** |
| **In which department?** (Double click on boxes)[ ]  Fundraising/Special Events [ ]  Health Education/Programs [ ]  Communications/Marketing [ ]  Advocacy [ ]  HR[ ]  Other - Please Specify:       |
| **Availability:** (Mark all days available) [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday(Double click on boxes)**Hours:** (Each day)                                |
| **Have you ever worked for or applied for a position with the American Heart Association?** (Double click on boxes)[ ]  Yes [ ]  No**If yes, specify position, location, and date:**  |
| **How did you hear about the American Heart Association Internship program:****[ ]  Advertisement \*** **[ ]  Self Initiated** **[ ]  Volunteer/Staff Referral \*** **[ ]  Internet \*** **[ ]  State/Community Agency \*** **[ ]  College Placement Agency \*****\* If you wish, mention specific source/name:**  |
| **Total number of hours requested:** **Expected completion date:** |
| **Will you receive college credit for this internship?** (Double click on boxes) **[ ]  Yes** **[ ]  No****If yes, how many credits?** **What will be the form of evaluation?****Are you willing to do an unpaid internship?** (Double click on boxes) **[ ]  Yes** **[ ]  No** |

|  |
| --- |
| **College:** |
| **Name & Location:** **Year:** **[ ]  1** **[ ]  2** **[ ]  3** **[ ]  4** **[ ]  5** **Expected date of graduation:       Current GPA:****What are your areas of study?** **Major:** **Minor:****Awards & Honors:** |
| **Business Experience (if applicable):** (Please start with your present or most recent position and include *all* full-time/part-time jobs, using supplemental sheets if necessary) |
| **A. Company:** | **Address:**       |
| **City:** | **State:**       | **Zip Code:**       | **Phone:**       |
| **Kind of business:** | **Employed/Interned from:       to** (show months & years) |
| **Title:**  | **Compensation:**       |
| **Responsibility:**       |
| **Name & Title of Immediate Supervisor:** | **Reasons for leaving or desiring change:** |
| **B. Company:** | **Address:**       |
| **City:** | **State:**       | **Zip Code:**       | **Phone:**       |
| **Kind of business:** | **Employed/Interned from:       to**(show months & years) |
| **Title:** | **Compensation:**       |
| **Responsibility:**       |
| **Name & Title of Immediate Supervisor:** | **Reasons for leaving or desiring change:** |
| **What extracurricular activities are you involved in?** |
| **What professional or civic organizations do you belong to that may have relevance to the position?** |
| **Why do you want this internship?** |
| **Additional Skills:** |
| **Please describe additional skills or abilities you would like to have us consider in evaluating your** **qualifications.** |
| **Software programs in which you are proficient:**  |
| **Other:****Do you have the legal right to work for any employer in the United States:** **[ ]  Yes** **[ ]  No**(Double click on boxes) |
| I certify that all of the statements made on this application are accurate and complete to the best of my knowledge. I have provided the requested information about all of my full-time jobs. I understand that any false or misleading statement may result in disqualification from consideration for employment or, if hired, termination and/or legal action.I authorize the American Heart Association (AHA) to investigate all statements I have made on the Application as may be necessary for reaching an employment decision. Further, I authorize any person or organization named on this application to give the AHA any information required to determine my suitability or qualifications for employment.I acknowledge that this application does not constitute an offer or contract of employment by the AHA, and that no contract, expressed or implied, is created hereby should I be employed by the AHA. If I am employed, I acknowledge that employment will be at-will and I promise to abide by all rules and policies of the AHA. I acknowledge that further investigation may be required. If AHA determines that further investigation is warranted, then I authorize the AHA to check my (1) criminal background, (2) credit worthiness, and (3) driving record, and conduct a drug screening. |

Applicant’s Signature Date