



Shelby County Office of Preparedness

Internship Application Form

In order to be considered for an internship with this office, you must submit a signed and completed application form along with a cover letter and resume. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

Name: _____

School Address: _____

Permanent Address: _____

Date of Birth _____, _____ SSN _____

School Telephone Number: _____

Permanent Telephone Number: _____

E-mail Address: _____

Are you legally eligible to work in the United States?

If you are not a U.S. citizen, are there any restrictions on your eligibility for employment? _____

Dates available to perform internship: _____

Education:

Type of School: Name and Location: Degree/Date: Major:

High School: _____

College: _____

Scholastic Honors and/or Licenses: _____

Employment History: *(Includes paid, volunteer, and intern positions)*

Most recent employer & telephone number: _____

Address: _____

Supervisor (Name and Title): _____

Position Title: _____ Start/End Date: _____

Description of Duties: _____

Employer & telephone number: _____

Address: _____

Supervisor (Name and Title): _____

Position Title: _____ Start/End Date: _____

Description of Duties: _____

Please attach any further work experience in the same format on a separate sheet of paper to be submitted along with other items in your internship application packet.

References:

Name & Telephone number: _____

Company/School: _____

Relationship/Years known: _____

Name & Telephone number: _____

Company/School: _____

Relationship/Years known: _____

Name & Telephone number: _____

Company/School: _____

Relationship/Years known: _____

Publications & Articles: _____

Community/Professional Organizations, Honors, Awards, & Professional Licensures: _____

Activities relevant to the internship(s) for which you are applying: _____

Do you have a valid driver's license?

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____ **Date:** _____