Intern Application

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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.**

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| **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** | | |

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| **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