Association for Individual Development

INTERN APPLICATION FORM

(PLEASE PRINT CLEARLY)

Date _____

Name _____
Last First MI

Current Address _____ Telephone No. (_____)_____

_____ Cell Phone No. (_____)_____

Permanent Address if different than current_____ Email Address _____

_____

Citizenship Status (Check One): U.S. ____; Permanent Resident ____; Student Visa ____; Type _____

How did you hear about AID? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			1	2	3	4		
High							Yes No	
College							Yes No	
Other (Specify)							Yes No	

PRESENT AND PAST WORK EXPERIENCE (Include Paid and Volunteer):

Name and Address of Company and Type of Business	From	To	Description of Duties
Telephone			
Telephone			
Telephone			

EXPERIENCE, SKILLS AND QUALIFICATIONS

Word Processing: Yes _____ No _____

Windows Proficient: Yes _____ No _____

Excel: Yes _____ No _____

Foreign Languages Spoken _____

First Aid Certified: Yes _____ No _____

CPR Certified: Yes _____ No _____

Do you have a valid driver's license and use of a car? Yes _____ No _____ License Only _____
Other Skills/Abilities/Interests: _____

When are you available to start? _____ Approximate hours per week _____

Geographic preferences/limitations _____

Area of Interest:

_____ Behavioral Health	_____ Office/Clerical
_____ Business/Finance	_____ Psychology
_____ Crisis Intervention	_____ Social Work
_____ Developmental Disabilities	_____ Therapy (OT/PT/SLP)
_____ Information Technology	_____ Weekend Retreat
_____ Nursing	_____ Other _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Relationship	Telephone Number	Email Address

As a facility that cares for people with disabilities, we cannot knowingly retain any individual who performs direct care for clients, patients or residents if that person has been convicted of committing or of attempting to commit one or more offenses as deemed by the Healthcare Worker Background Check Act. Consideration for internship with AID will be conditional upon finding no prior criminal convictions as listed in the Criminal Background Check Act. For additional information, refer to AID form E120c, Important Information About Prior Criminal Convictions.

_____ _____
Signature of Intern Applicant Date

INTERNSHIP INFORMATION

School or College Partner _____

Faculty Contact Person _____ Telephone No. (_____)_____

Major _____ Minor _____

Year in School _____ Expected Graduation Date _____

What are your objectives for participating in an internship program? _____

What kinds of work would you like to do during your internship? _____