

# Salem convention & visitors association

## Application for Internship

### Personal Information

Date: \_\_\_\_\_

Name (Last Name, First Name)		Social Security Number -                      -	
Present Address		City	State
Permanent Address		City	State
Phone Number		Referred By	

### Internship position desired

Position	Date you can start (term/yr)
Hours available during the week Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____	
Are you Employed? <input type="checkbox"/> yes <input type="checkbox"/> No	If So, May we inquire of your present employer? <input type="checkbox"/> yes <input type="checkbox"/> No

### Education history

Name & location of school	Years attended	Graduation date	Subjects studied
Grammar School			
High school			
College			
Graduate School			

### General information

Subjects of special study/research, Work or special training/skills

### References (employers, professors/teachers)

Date (month and year)	Name & address of employer	Position	Reason for leaving
From			
To			
From			
To			
From			
To			
From			
To			

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*References (list below three persons not related to you, whom you have known for at least one year)*

Name	Business	Contact number	Years known

*Authorization*

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with disabilities act (ada) and other relevant federal and state laws."

Date \_\_\_\_\_ signature \_\_\_\_\_

Interviewed by \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ **Do not write below this line** \_\_\_\_\_

*Remarks*


Neatness			Character	
Personality			ability	
Hired	For dept.	Position	Will report	Salary wages

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_