

WOMEN IN TRANSITION APPLICATION FOR INTERNSHIP

All applicants are considered for all internship positions regardless of race, gender, sexual orientation, age, marital status, cultural or religious practices, social or economic status, political beliefs, or physical abilities.

Today's Date:

Name:

Address:

City:

State:

Zip Code:

Home Telephone: ()

Cellphone:()

E-MAIL ADDRESS:

Is this a good way to communicate with you?

Yes No

Educational Status: Full-Time

Part-Time

Anticipated Degree: Associate

Bachelor

Master

Other

Name of College or University:

Address of College or University:

Major:

Anticipated Graduation Date:

Advisor's Name:

Advisor's Telephone Number and E-Mail Address:

Internship Interest: Community Education and Training Internship

Counseling Assistant Internship

Internship Availability: Summer Semester School Year

Specify Number of hours per week:

Specify available days and hours, if known:

How did you learn about Women In Transition:

Newspaper

Radio

Television

WIT's Newsletter

I once received WIT services

Internet, specify Website:

Other:

Do you know any one who is affiliated with the agency? No

Yes:

Name of person:

Are you a U.S. Citizen? Yes No:

Are you authorized to work in the U.S. Yes No

Have you ever been convicted of a felony or misdemeanor? No

Yes: Please explain:

Do you have a current child abuse clearance? Yes

No

Do you have any special physical limitations that preclude you from performing any work for which you are being considered? No Yes: Please describe what the agency can do to accommodate you:

Training: Please note any special training or certifications you have received.

Type of Program

Type of Training

Certification & Date Received

1.

2.

3.

Other Activities: Please list current or past professional or civic activities that may be relevant to your career or volunteering at Women In Transition.

Name of Organization

Type of Activity

Dates Involved

1.

2.

3.

Please specify employment status: Full-Time Part-Time Currently Seeking Employment Not Employed

Please list days and hours of employment:

Employment Experience: Please list your last three jobs beginning with your present or most current employment. If this information is provided on your Resume, skip to the next section.

Employer	Job Title	Dates Employed
1.		
2.		
3.		

List any languages that you can speak other than English:

Speak fluently Read and write fluently Translate to English Translate to the language(s)

Please briefly explain why you are interested in an internship with Women In Transition:

References: Please provide three (3) references—persons who could speak to your professional abilities, character, and ethics and who are not related to you.

Name/Title/Organization	Day-Time Telephone Number	How known & number of years
1.		
2.		
3.		

CERTIFICATION: I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements made on this application and/or Resume shall be grounds for disqualification.

I authorize Women In Transition to investigate all statements contained on this application and/or Resume, and further authorize the references listed to provide Women In Transition with any and all pertinent information concerning my professional conduct and/or abilities to serve as an intern, and release all parties from all liability regarding the release of previous employment/professional conduct information to Women In Transition.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, participation in the Women In Transition, Inc. Internship Program will be on an "at will" nature, which means that I may resign at any time and that Women In Transition may discharge me at any time for any reason.

Signature of Applicant:

Date: