



CPARC Internship Application

Please fill out this form and return to:
71 Ashland Avenue, Carlisle, PA 17013; Attn: Public Relations Specialist

Personal Information:

Last: _____ First: _____ Middle: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Name Of College or University: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Other: _____

Email Address: _____

Are you 18 or older: Yes No

Emergency Notification:

Name: _____ Relationship: _____

Telephone: _____ Other: _____

Background:

Have you ever been convicted of a felony? Yes No

If so, when and where? _____

Nature of Offense: _____

Have you ever been bonded? Yes No

Ever refused a bond? Yes No

Do you have a valid driver's license: Yes No

Driver's License No. _____ State: _____

Please List below any moving violations or accidents within the past 3 years:

Work Authorization:

U.S. Citizen/Permanent Resident F-1 Student Visa Other: _____

Experience:

Previous Volunteer Experience (Please include contact name and phone number):

Academic Faculty or Internship Coordinator:

Name: _____ Telephone: _____

Email: _____

Anticipated Graduation Date: _____ / _____ / _____ Current GPA: _____

Anticipated Internship Dates: _____ / _____ / _____ to _____ / _____ / _____

Major: _____ Second Major/Minor: _____

Internship Credit Hours: _____

Commitment:

What would be your availability to intern with CPARC?

Availability: S M T W TH F S Daytime Hours OR Evening Hours

Do you have specific hours due to a strict schedule? Yes No If so, please list below:

Preferred Amount of Hours to Intern at CPARC: _____ per week.

Please List Related Courses, which supports this request for Internship:

Please list Career Goals you have: _____

Why do you want to Intern with CPARC? : _____

Education:

Name of Colleges, Business or Technical Schools	City/State	Dates Attended	Phone No.

High School Attended City/State Dates Attended Diploma/GED

_____ Yes No

Community/Professional Organizations, Honors and Awards:

Are you currently employed? Yes No **Will you continue to work during your internship?** Yes No

What Days/Hours will you continue to work? (If unsure, mark your current work schedule)

S M T W T H F S Evening Hours: _____ Daytime Hours: _____

Beginning with your most recent employer please list the last 3 jobs you have held.

Company Name:	Telephone:	Job Title:
Address:	City, State, Zip	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor's Name:		Employment Dates: ____ / ____ / ____ to ____ / ____ / ____
Duties:		Reason for Leaving:

Company Name:	Telephone:	Job Title:
Address:	City, State, Zip	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor's Name:		Employment Dates: ____ / ____ / ____ to ____ / ____ / ____
Duties:		Reason for Leaving:

Company Name:	Telephone:	Job Title:
Address:	City, State, Zip	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor's Name:		Employment Dates: ____ / ____ / ____ to ____ / ____ / ____
Duties:		Reason for Leaving:

Please list any special clearances (criminal/child abuse/etc.) you may have and the date they were obtained:

_____ **Date:** _____
_____ **Date:** _____
_____ **Date:** _____

References:

Please list three references, not family, who we may contact.

Name	Occupation/Employer	Address	Phone Number

Please give any other information you may wish to include in this application:

To participate in an Internship Program, does your college or university require that your supervisor or mentor have a specific degree? If so, what degree is required?

Please read statement carefully before signing:

I agree to comply with the rules and regulations of CPARC. I affirm that all statements and answers are true to the best of my knowledge and that I have not withheld any information. I authorize CPARC to conduct any necessary and reasonable investigation with respect to my application, and release former employers and personal references from any liability for damage caused by giving or receiving information or opinions as to my employment or character. It is understood that any false statement may be considered sufficient cause for rejection, or for dismissal if an internship had been granted.

Print Name: _____

Signature: _____ Date: _____

If you wish, you may attach your current resume with this application. Once you have returned the application it will be reviewed, and you will be contacted should further information be needed.

Completed Applications may be returned to:

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Carlisle, PA 17013
Attn: Public Relations Specialist