

# SPRINGFIELD DREAM CENTER

Internship Application



APPLICANT INFORMATION										
Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Social Security No.				Desired Semester For Internship						
Major Degree Field										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION										
COLLEGE										
University Name				Years Attended						
GPA		Graduated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES										
PLEASE LIST THREE REFERENCES.										
Full Name										
Relationship					Phone					
Email					How long have you known them?					
Full Name										
Relationship					Phone					
Email					How long have you known them?					
Full Name										
Relationship					Phone					
Email					How long have you known them?					

NO

PREVIOUS EMPLOYMENT		
Company		Role
Responsibilities		
From	To	Reason for Leaving
Company		Role
Responsibilities		
From	To	Reason for Leaving
Company		Role
Responsibilities		
From	To	Reason for Leaving

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date

Please complete this form and email to [Jody@springfielddreamcenter.com](mailto:Jody@springfielddreamcenter.com) with "Intern Application" as the subject line. You may attach a resume in addition to this form if you have one.