|  |  |
| --- | --- |
| cid:image001.jpg@01CFFCD6.89ABC3D0 | Submit completed application and resume to Patsy Stanley or Lori McLaughlinDewitt 103 | 910-410-1830| pjstanley@richmondcc.edu orDewitt 103 | 910-410-1722 | ldmclaughlin@richmondcc.edu  |

# Internship Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Student ID: |  |
|  | Last | First |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Date Available: |  |

How far are you willing to drive: \_\_\_\_\_\_\_\_\_\_\_\_\_ How many hours per week can you work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you available for work (Please circle): Mornings Evenings Afternoons Nights Weekends

## Education

|  |  |
| --- | --- |
| Program enrolled in: |  |

Expected graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |