

Finger Lakes Internship Program Application

Mail or fax to Pat Gopen, Internship Coordinator

Finger Lakes Workforce Investment Board

41 Lewis St. Geneva, NY 14456

315-789-3131 Fax: 315-789-0163

Please provide your resume if available

Date: _____

We consider applications for the internship program without regard to race, color, creed, gender, sexual orientation, age, national origin, disability, marital or legal status, ancestry or any other legally protected status

CAREER CHOICE

Your preferences will be taken into consideration to the best of our abilities.

Career Choice 1: _____

Career Choice 2: _____

Career Choice 3: _____

First Name: _____ M.I. ____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Date of Birth: _____

Phone: (____) _____ - _____ Alternate: (____) _____ - _____

E-Mail: _____

Are you a US citizen? ___ Yes ___ No

If not, are you authorized to work in the US? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No

(a conviction does not automatically disqualify an applicant)

If Yes, please explain: _____

AVAILABILITY

Date you can start: _____

Please indicate the days & times you are available to work

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION

Participation in the Finger Lakes Internship Program requires that you maintain a Grade Point Average (GPA) of at least 75%. Please indicate your guidance counselor or academic advisor of the school you're currently attending.

School: _____

Name: _____

Are you currently attending school (High School, College, Vocational, or Technical)?

___ Yes ___ No ___ Full-Time ___ Part-Time

School: _____

HIGH SCHOOL	Name: _____ Address: _____	Major: _____ Years Attended: _____ Graduated? ___ Yes ___ No
COLLEGE	Name: _____ Address: _____	Major: _____ Years Attended: _____ Graduated? ___ Yes ___ No
OTHER (BOCES, tech. school, etc.)	Name: _____ Address: _____	Major: _____ Years Attended: _____ Graduated? ___ Yes ___ No

Do you have an occupational license or certification?: ___ Yes ___ No

Certificate/License: _____ Issue Date: _____

Issuing Organization or Locality: _____ State: _____ Country: _____

Please list any honors/recognition you have received or any outside activities you participate in: _____

CAREER OBJECTIVES & SKILLS

SHORT ESSAY

*Please describe what you hope to gain from your experience with an internship.
In doing so, feel free to discuss topics such as your **current interests**, **studies** and **future career goals**.*

Job Skills (include skills & abilities that you've used in your job (s) or that you've acquired through training or school. Examples include typing, computer software, languages, welding, carpentry, etc.):

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COMPUTER SKILLS (please check all that apply & circle level of proficiency)

- | | |
|------------------------------|-------------------------------|
| Microsoft Word _____ | Basic / Intermediate / Expert |
| Microsoft Works _____ | Basic / Intermediate / Expert |
| Microsoft Excel _____ | Basic / Intermediate / Expert |
| Microsoft Outlook _____ | Basic / Intermediate / Expert |
| Microsoft Access _____ | Basic / Intermediate / Expert |
| Microsoft PowerPoint _____ | Basic / Intermediate / Expert |
| Microsoft Publisher _____ | Basic / Intermediate / Expert |
| Internet Explorer _____ | Basic / Intermediate / Expert |
| Repair/Troubleshooting _____ | Basic / Intermediate / Expert |
| HTML _____ | Basic / Intermediate / Expert |
| Website Design _____ | Basic / Intermediate / Expert |
| Other: _____ | |

OFFICE SKILLS (please check all that apply)

Scanner _____
Fax Machine _____
Copying _____
Reading/scanning Adobe/PDF files _____
Answering/transferring calls _____
Filing _____
Data Base Entry _____
WPM _____
Other: _____

LANGUAGES (check all that apply & circle level of fluency)

English _____ *Basic / Intermediate / Fluent*
Spanish _____ *Basic / Intermediate / Fluent*
French _____ *Basic / Intermediate / Fluent*
ASL (American Sign Language) _____ *Basic / Intermediate / Fluent*
Other: _____ *Basic / Intermediate / Fluent*

EMPLOYMENT

May we contact your current employer? _____ Yes _____ No

EMPLOYER: _____	DATES EMPLOYED: _____ _____ to _____	JOB TITLE: _____
Address: _____		
Phone: _____		
Worked Preformed: _____		
Reason for Leaving: _____		

EMPLOYER: _____	DATES EMPLOYED: _____ _____ to _____	JOB TITLE: _____
Address: _____		
Phone: _____		
Worked Preformed: _____		
Reason for Leaving: _____		

TRANSPORTATION

Do you have reliable transportation? _____ Yes _____ No

Driver's License? _____ Yes _____ No

Do you have a Vehicle? _____ Yes _____ No

REFERENCES (please give the name, address and phone number of 2 references, who are not related to you. You may include past employers, supervisors, co-workers and past & present teachers or counselors):

1) _____ Years Known: _____ Job Title: _____
2) _____ Years Known: _____ Job Title: _____

EMERGENCY CONTACT Name: _____ Phone Number: _____

PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given by me on this application for an internship is completed and accurate; I understand that the falsification of any information will be grounds for immediate dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment, education background, and criminal record, whichever is applicable

I have read and affirm the above statements as my own.

Signature _____ Date: _____

Parent/Guardian Signature (if under 18) _____ Date: _____