



National Council for Science and the Environment

Application for Internship Employment

PERSONAL / CONTACT INFORMATION

Last Name
 First Name
 MI
 Date

Street Address
 Unit / Appt.
 City
 State
 Zip

Social Security Number
 Résumé/CV attached? Yes No
 18+ years old? Yes No

Citizenship Status (check one)
 U.S.
 Permanent Resident
 Student Visa (type): _____

Contact Information:

E-Mail:
 Main _____
 2nd _____

Phones:
 Home () -
 Mobile () -
 Message () -
 Emergency () -

EDUCATIONAL BACKGROUND

1
 Name: College / University (current or most recent)
 i.e. AA/AS, BA/BS, MA/MS - Major Field
 Major / Program of Study
 Dates attended:
 City / State
 () - GPA Degree: Y N Year awarded / expected Year
 Main Phone
 courses of study relevant to the position for which you are applying:

2
 Name: College / University (previous)
 i.e. AA/AS, BA/BS, MA/MS - Major Field
 Major / Program of Study
 Dates attended: mm/yy to mm/yy
 City / State
 () - GPA Degree: Y N Year awarded / expected Year
 Main Phone
 courses of study relevant to the position for which you are applying:

3
 Name: College / University (previous, or High School)
 i.e. AA/AS, BA/BS, MA/MS - Major Field
 Major / Program of Study
 Dates attended: mm/yy to mm/yy
 City / State
 () - Diploma/Degree Y N Year awarded / expected Year
 Main Phone
 courses of study relevant to the position for which you are applying:

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EMPLOYMENT HISTORY (Include jobs relevant to the position for which you are applying)

1	<input type="text"/>	<input type="text"/>
Employer Name (current / most recent)	Title / Job Function	
<input type="text"/>	Dates employed mm/yy to mm/yy	
City / State		
() --	Hours / Week: <input type="text"/>	Salary / Wage: \$ <input type="text"/> per <input type="text"/> hour <input type="text"/> week
Main Phone	check one	
General duties / responsibilities:		
<input type="text"/>		
<input type="text"/>		
Supervisor Name, Title	Work phone number / extension:	Reason for leaving

2	<input type="text"/>	<input type="text"/>
Employer Name (current / most recent)	Title / Job Function	
<input type="text"/>	Dates employed mm/yy to mm/yy	
City / State		
() --	Hours / Week: <input type="text"/>	Salary / Wage: \$ <input type="text"/> per <input type="text"/> hour <input type="text"/> week
Main Phone	check one	
General duties / responsibilities:		
<input type="text"/>		
<input type="text"/>		
Supervisor Name, Title	Work phone number / extension:	Reason for leaving

3	<input type="text"/>	<input type="text"/>
Employer Name (current / most recent)	Title / Job Function	
<input type="text"/>	Dates employed mm/yy to mm/yy	
City / State		
() --	Hours / Week: <input type="text"/>	Salary / Wage: \$ <input type="text"/> per <input type="text"/> hour <input type="text"/> week
Main Phone	check one	
General duties / responsibilities:		
<input type="text"/>		
<input type="text"/>		
Supervisor Name, Title	Work phone number / extension:	Reason for leaving

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EMPLOYMENT HISTORY (continued)

<input type="text" value="4"/> Employer Name (current / most recent)	<input type="text"/> Title / Job Function
<input type="text"/> City / State	Dates employed <input type="text" value="mm/yy"/> to <input type="text" value="mm/yy"/>
(<input type="text"/>) -- <input type="text"/> Main Phone	Hours / Week: <input type="text"/> Salary / Wage: \$ <input type="text"/> per <input type="text"/> hour <input type="text"/> week
General duties / responsibilities: <input style="width: 100%; height: 40px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/> Supervisor Name, Title	
Work phone number / extension:	

DRIVER'S LICENSE:

Do you have a current Driver's License? Yes No

Has your Driver's License been suspended for any reason during the previous three (3) years? Yes No

Are you able and willing to operate a motor vehicle in the performance of job duties if required? Yes No

LANGUAGES & TECHNICAL SKILLS

What languages do you speak, read, and write
 Note: please rank fluency as (1.school ability) (3. basic conversational) (5. fluent)

English (fluency) <input checked="" type="checkbox"/> Speak <input checked="" type="checkbox"/> Read <input checked="" type="checkbox"/> Write	(vocabulary / usage - "X" all that apply) <input checked="" type="checkbox"/> Conversation <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Scientific
Spanish (fluency) <input checked="" type="checkbox"/> Speak <input checked="" type="checkbox"/> Read <input checked="" type="checkbox"/> Write	(vocabulary / usage - "X" all that apply) <input checked="" type="checkbox"/> Conversation <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Scientific
Other (specify <input type="text"/>) (fluency) <input checked="" type="checkbox"/> Speak <input checked="" type="checkbox"/> Read <input checked="" type="checkbox"/> Write	(vocabulary / usage - "X" all that apply) <input checked="" type="checkbox"/> Conversation <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Scientific
Other (specify <input type="text"/>) (fluency) <input checked="" type="checkbox"/> Speak <input checked="" type="checkbox"/> Read <input checked="" type="checkbox"/> Write	(vocabulary / usage - "X" all that apply) <input checked="" type="checkbox"/> Conversation <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Scientific
Other (specify <input type="text"/>) (fluency) <input checked="" type="checkbox"/> Speak <input checked="" type="checkbox"/> Read <input checked="" type="checkbox"/> Write	(vocabulary / usage - "X" all that apply) <input checked="" type="checkbox"/> Conversation <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Scientific

