

Women's Health & Family Planning Association of Texas

905-A Oltorf Street • Austin, Texas • 78704 • 512-448-4859

INTERNSHIP APPLICATION

P E R S O N A L	Name (Last) (First) (Middle)			Date of Birth
	Current Address			
	City, State, Zip			Mobile Phone
	Permanent Address			
	City, State, Zip			Home Phone
	I am applying for <input type="checkbox"/> Fall Term <input type="checkbox"/> Spring Term <input type="checkbox"/> Winter Term <input type="checkbox"/> Summer Term			Approximate Date of Availability
	1 st Emergency Contact			Relationship
	2 nd Emergency Contact			Relationship

EDUCATION INFORMATION

School	Degree Program	Minor	GPA	Class Rank	Graduation Date
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid Texas driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, pled guilty to, or been placed on probation or deferred adjudication for a felony or misdemeanor crime which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain in detail on the back of this page.					

EMPLOYMENT HISTORY

List relevant work experience - beginning with your most recent employer. A current resume may be substituted for this portion of the application.

Company Name	Telephone:	Dates Employed From: To:	Summarize the nature of the work performed and job responsibilities:
Address:			
Job Title:		Hourly Rate / Salary Starting	
Immediate Supervisor and Title:			
Reason for Leaving: To find a career opportunity closer to my place of residence in Austin.		Hourly Rate / Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Company Name:	Telephone:	Dates Employed From: To:	Summarize the nature of the work performed and job responsibilities:
Address:			
Job Title:		Hourly Rate / Salary Starting	
Immediate Supervisor and Title:			
Reason for Leaving:		Hourly Rate / Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

REFERENCES

List name and telephone number of at least two references that are *NOT* related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

ACTIVITIES - SKILLS - INTERESTS

List school, business, or civic organizations you belong to, and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

Languages Spoken	Slightly	Adequate	Proficient

List special skills and interests (i.e. computer skills, writing skills, public speaking, graphic design, etc.)

Applicant's Signature

Date

For office use only

Application received:	Reviewed by:	Interview date:	Start date: