



## Application for Internship

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name \_\_\_\_\_  
Last First MI

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

What source led you to make application with us?

\_\_\_\_\_  
\_\_\_\_\_

## Personal Information

Are you legally authorized to work in the U.S.? Yes  No

*Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.*

Are you at least 18 years of age? Yes  No

Have you ever been convicted of a crime or are there any pending charges against you?

*(A conviction does not automatically bar you from employment)* Yes  No  If yes, include details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Please list your complete employment history.

List present or most recent employer first. Use an additional page, if necessary.

<b>Employer</b>	Employed (mo./Yr.) From:  To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
<b>Employer</b>	Employed (mo./Yr.) From:  To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
<b>Employer</b>	Employed (mo./Yr.) From:  To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				

## Education

Once offered a position, you will be required to submit official copies of college transcripts

College	Location	Course of Study	Degrees Earned

Please list any other skills you wish to mention: \_\_\_\_\_

What licenses do you currently hold? \_\_\_\_\_

Are you presently employed/interning? Yes  No

If so, may we contact your present employer/internship supervisor? Yes  No

If offered the internship position, when would you be available? \_\_\_\_\_

## References

**Please provide one professional reference, one personal reference, not related to you, and one academic reference.**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Why are you interested in an internship with BCA?

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What are your long term goals?

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Please share an experience(s) where you have worked collaboratively:

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Please share an experience(s) in a volunteer or internship environment where you greatly valued your position and overall experience:

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I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Brown Center for Autism shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

