

susquehanna  
**Style**

**INTERNSHIP APPLICATION**

APPLICANT INFORMATION			
LAST NAME:	FIRST:	M.I.	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	E-MAIL ADDRESS:		
DATE AVAILABLE:			
DEPARTMENT OF INTERNSHIP:			
LOCATION OF INTERNSHIP:			
DATE AVAILABLE TO START:		END DATE OF INTERNSHIP:	
PAPERWORK REQUIRED FOR COLLEGE CREDITS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION			
HIGH SCHOOL:		ADDRESS:	
FROM-	TO-	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE:
COLLEGE:		ADDRESS:	
FROM-	TO-	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE:

REFERENCES	
<i>PLEASE LIST THREE PROFESSIONAL REFERENCES.</i>	
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE: (    )
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE: (    )

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:

