



INTERN PROGRAM APPLICATION 2011 FOR COLLEGE STUDENTS ONLY

Father's Place of Employment & Work Phone Number _____

Parent(s)' Cell Phone Number: _____

Parent(s)' Address (if different from applicant's address) including city and state:

Are you currently employed? YES NO

If yes, where, how long & position held: _____

Did you work for us last year? YES NO

If yes, where did you work? _____

Would you like to return or be placed somewhere different?

Do you have daily transportation to your job? YES NO

Do you have a valid Indiana Driver's License? YES NO

You will have to provide a driver's license for us to copy if your job requires you to drive.

Do you have **previous work experience**?

If yes, please list **position, employer and date**.

1. _____

2. _____

3. _____



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List any **special skills**: (Typing, filing, shorthand, switchboard, landscaping, computers, sign language, 2nd languages, business machines, etc.)

Tell us a few things about yourself (hobbies, interests, sports, family information, etc.)

What extracurricular activities do you participate in during or after school?

In compliance with the Americans with Disabilities Act (ADA), all qualified students applying for the Summer Internship are entitled to “reasonable accommodations”. It is the student’s responsibility to inform us of any special needs before beginning the summer program (i.e. allergies, handicap, pregnancy, learning disability).

References (Other than Family Members)- Name & Phone Number

1. _____

2. _____

3. _____



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Emergency Information

Notify: _____

Relationship: _____

Home Phone & Cell Phone: _____

Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Family Doctor Name and Phone Number: _____

To the best of my knowledge, the information submitted is true and accurate.

Signature of Applicant Date

If under 18 years old - Signature of Parent or Guardian Date

**SEND COMPLETED APPLICATION TO:
Hammond Urban Enterprise Association
Attn: Angela Arriaga
649 Conkey Street
Hammond, IN 46324**