

INTERN APPLICANT QUESTIONNAIRE

(Use this for FALL Internships only.)

(please print)

NAME: _____

Address: _____

Phone: _____ E-Mail: _____

Social Security No: _____ Date of Birth: _____

The Fall Internship program is a 10-week program, 9:00am to 4:45pm, Monday through Friday.

The 2018 Fall Internship Program will begin with a mandatory orientation at 10:00am on Monday, September 24, 2018. The program will end on Friday, December 7, 2018.

I will be applying through my school for: _____ Credit _____ Work Study

_____ Other (Please Specify) _____

If yes, please specify school's requirements: Hours _____ Writing _____

Other (Please Specify) _____

Contact information of Supervisor/Advisor (name/phone/email):

Answer Yes or No to the following questions:

**AN AFFIRMATIVE RESPONSE WILL NOT NECESSARILY SERVE,
IN AND OF ITSELF, AS A DISQUALIFICATION FOR EMPLOYMENT**

_____ 1. Have you ever used, sold, or given away any illegal drugs?

_____ 2. Are you, or have you ever been, delinquent with respect to the filing of Federal or State income tax returns?

_____ 3. Have you ever had a license to possess a firearm in this state or any other state?

_____ 4. Have you ever gambled illegally?

_____ 5. Have you ever been terminated from any employment?

_____ 6. Have you ever been convicted of a criminal offense?

_____ 7. Have you been convicted of any traffic violations within the past five (5) years?

_____ 8. Has any state ever suspended or revoked your driver's license?

If your answer to any of these questions is yes, please set forth the question number and an explanation
(Attach additional sheet if necessary):

DATE: _____ SIGNATURE: _____