



# INTERNSHIP APPLICATION

Applicants will receive consideration without discrimination and regardless of race, creed, color, sex, age, national origin, handicap, or veteran status. This application will be given every consideration, but its receipt does not guarantee an internship or volunteer duties. Each question should be answered in a complete and accurate manner; no action will be taken until all questions have been answered.

## CONTACT INFO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name (First and Last): \_\_\_\_\_

Phone Number: \_\_\_\_\_

## EDUCATION

College/University Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Major and Degree Level: \_\_\_\_\_

College/University Advisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## INTERNSHIP INFO

What is the internship location and position that you are applying for? Please identify 2-3 choices below:

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

When are you available to start your internship? \_\_\_\_\_

When does your internship need to be completed by? \_\_\_\_\_

How many hours do you need to complete for your internship? \_\_\_\_\_

## AVAILABILITY

Monday:  AM  PM  All Day

Tuesday:  AM  PM  All Day

Wednesday:  AM  PM  All Day

Thursday:  AM  PM  All Day

Friday:  AM  PM  All Day

Saturday:  AM  PM  All Day

Sunday:  AM  PM  All Day

**CONTINUE ON NEXT PAGE >>>**

# CONT. INTERNSHIP APPLICATION

I understand that willfully making false statements on this application will be sufficient cause for non-placement as an intern and/or grounds for immediate dismissal.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions. This may include the Office of Inspector General, Maine Exclusion and System Award Management websites, State and Federal Bureaus of Identification criminal background checks, Child Protective Search through the State of Maine Department of Human Services, driving record check through the Division of Motor Vehicles from any state and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the intern placement process, and all other persons, corporations or organizations for furnishing such information about me.

#### Information Release Consent:

Pursuant to 22 MRSA, Subtitle 6 (Facilities for Children and Adults), I hereby give my informed consent for the State and Federal Bureaus of Identification to provide to AMHC with a copy of my criminal history record information. I authorize AMHC to perform a Child Protective Search through the State of Maine Department of Human Services. I authorize AMHC to conduct a check of my driving record through the Maine State Division of Motor Vehicles or any other State's Division of Motor Vehicles. I authorize AMHC on my behalf to conduct a search on the following databases: Office of Inspector General, Maine Exclusion and System for Award Management websites.

I certify that I have read, fully understand, and accept all terms of the foregoing Intern Statement and Information Release Consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **SUBMITT APPLICATIONS VIA:**

Email: [careers@amhc.org](mailto:careers@amhc.org)

Fax: (207) 554-2351

Mail: AMHC Human Resources, 180 Academy Street Suite 3, Presque Isle, ME 04769

