

Olympia Community School P.O. Box 12436 Olympia, WA 98508-2436	<b>INTERNSHIP APPLICATION</b>	DATE _____ 20____ Month _____ Day _____
NAME Last _____ First _____ Middle _____	Soc. Sec. No. _____	

STREET ADDRESS \_\_\_\_\_

HOME PHONE _____	MESSAGE PHONE _____	OTHER PHONE _____
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What kinds of applicable License, Certification or Registration do You Have? _____	Do You Have a Valid Washington State Driver's License? (for positions requiring driver's license, circle one): <b>Yes</b> <b>No</b> Number _____
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High School Graduate Or General Education Development Test Passed? <b>Yes</b> Circle Highest Grade Completed <b>No</b> <b>1 2 3 4 5 6 7 8 9 10 11 12</b>	Name and Location of School _____
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**POST HIGH SCHOOL TRAINING** (College, Business School, Military, etc.) If more space is needed, attach an additional sheet of paper.

NAME AND LOCATION	DATES ATTENDED	CREDITS EARNED			Graduated? Yes/No	Degree Year	MAJOR
		Quarter Hours	Semester Hours	Other			

**WORK EXPERIENCE** (List most current first)

EMPLOYER	ADDRESS	DATES WORKED		Telephone	DUTIES
		From	To		

REASON FOR LEAVING LAST EMPLOYER \_\_\_\_\_

LIST NAME, ADDRESS & TELEPHONE NUMBER OF THREE (3) REFERENCES OTHER THAN FAMILY

Name	Address	Telephone

Summarize any additional information you feel is necessary to describe your work experience and qualifications not covered by this application. Use space below or attach a separate sheet.

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize Olympia Community School to conduct reference checks to obtain information relating to my application for an internship. I am advised that the reference checks may include information on my character, general reputation and personal characteristics as they may relate to my ability to perform the intership for which I am applying.	<b>FOR CONSIDERATION OF INTERNSHIP          ATTACH A COPY OF RESUME           OLYMPIA COMMUNITY SCHOOL IS AN EQUAL          OPPORTUNITY EMPLOYER</b>
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APPLICANT'S SIGNATURE _____	DATE _____
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