

Phone 407-481-5672 ext. 311

# APPLICATION FOR INTERNSHIP

***(Type or print in black ink)***

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

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

 Street Apt.# City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid FL Driver’s

 Home Phone Business/Message Phone License No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed anywhere under

any other name(s)? Yes No

If yes, please list name(s). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EDUCATION

Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and/or professional registration.

Please circle highest grade completed. Give dates of attendance, credit hours completed, type of degree, and major/minor. Be sure to answer “HAVE YOU GRADUATED?” List all technical and/or trade courses or programs you have completed.

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

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

 Name of High School Location

CHECK ONE: \_\_\_\_\_\_\_\_\_ High School Diploma \_\_\_\_\_\_\_\_\_\_\_ GED

College degree completed: Associate Bachelor Masters Doctorate College: Freshman Sophomore Junior Senior

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name/Location of College | Dates AttendedFrom To Mo/Yr Mo/Yr | Credit Hours CompletedIndicateQtr./Semester | Have youGraduated? | Type ofDegree | ListMajor/Minor |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Name/Location of TechnicalVocational/Trade School | Dates AttendedFrom To Mo/Yr Mo/Yr | Classroom/CreditHrs. Completed | Have YouGraduated? | Certificate/Degree | Major/Minor |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# APPLICANT ACKNOWLEDGEMENT

You are required to sign and date your application. Falsification or omission of information will result in rejection of the application or dismissal if you are accepted by MetroPlan Orlando. Your signature also **authorizes** MetroPlan Orlando to request educational information/verification from your current and previous educational institutions, and to perform driver’s license checks. All internship offers with MetroPlan Orlando are contingent upon satisfactory completion of a background check and a drug test screening for the presence of illegal narcotic substances. MetroPlan Orlando is a tobacco-free workplace. It is the policy of MetroPlan Orlando that all applicants selected for the internship must sign an Affidavit for Non-Use of Tobacco Products in order to be granted an internship by MetroPlan Orlando. The non-use of tobacco products must have been for a period of at least (6) months immediately preceding application for internship; and must be maintained and continued for the duration of the internship with MetroPlan Orlando.

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 DATE SIGNATURE OF APPLICANT

METROPLAN ORLANDO IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, AGE, GENDER, NATIONAL ORIGIN OR DISABILITY.