



efficiently managing air safety

**Internship Application Form**

<b>Applicant Information</b>		
Last Name	First	Date
Address		
City		
Phone	Cell	
Email address		
<b>Have you ever been convicted of a felony?</b>		If yes please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>How did you hear about our internship program?</b>		

<b>Areas of interest</b>					
Please indicate which area interests you:					
<input type="checkbox"/> Youth Dev.	<input type="checkbox"/> Accounts	<input type="checkbox"/> Development	<input type="checkbox"/> Library	<input type="checkbox"/> Reception	
<input type="checkbox"/> Planning	<input type="checkbox"/> HR	<input type="checkbox"/> Procurement	<input type="checkbox"/> ICT	<input type="checkbox"/> Security	
<input type="checkbox"/> Marketing	<input type="checkbox"/> Registry	<input type="checkbox"/> Safety	<input type="checkbox"/> ANS	<input type="checkbox"/> Others (specify)	.....

<b>Experience/Education and Skills</b>			
Current student status	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Graduate
How long have you been unemployed?			
Have you had another internship placement in Government or State Corporation?		If yes, give details and period	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently a full time student?		If yes , Please indicate school and concentration:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Level	Area of study		
Computer skills /Software Used:			



<b>Personal Information</b>
Why are you interested in an internship in our organization?
What specific experience would you like to gain through this internship?
Describe your long term career goals:

Referees	
Name	Relationship and contact information (email/phone No.
1	
2	
3	

<b>Disclaimer and Signature</b>
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may invalidate my application.
Signature: _____ Date: _____