

PINES BEHAVIORAL HEALTH SERVICES
200 Vista Drive Coldwater, MI 49036 517-278-2129

APPLICATION FOR INTERNSHIP

PERSONAL INFORMATION

Date: _____

Name: _____ Social Security
Number _____ - _____ - _____
Last (Maiden) First Middle

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Telephone Number you can be reached at: _____

Are you prevented from being lawfully employed in this country because of Visa or Immigration Status?
 Yes No

Have you ever been convicted of a crime? Yes No
If yes, explain: _____

If yes was this crime against a child? Yes No

A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered.

Are there any felony charges pending against you? Yes No

Have you ever been sanctioned by Federal or State regulatory or licensing agency? Yes No
If yes, explain: _____

If no, is a potential action involving sanction pending? Yes No

Driver's license number: _____ State of Issue: _____ Expiration Date: _____

COLLEGE INFORMATION

College Attending: _____

Degree Program: _____

Major/Minor: _____

Overall G.P.A.: _____ Expected Graduation Date: _____

Requested start date: _____ Requested end date: _____

Internship Coordinator: _____ Telephone: _____

Days and times available: _____

(Attach copy of college's expectations for the internship)

EDUCATION

	Name/Location of School	# Yrs. Attended	Did you graduate?	Subject/Major
High School				
College (Bachelors)				
College (Advanced Degree)				

Professional Certification: State: _____ Type: _____ Number: _____ Exp. Date: _____

GENERAL

Subject of special study, research work or publications: _____

Special skills: _____

Any special accommodations needed: _____

Are you fluent in other languages besides English? YES NO Specify: _____

Activities (Civic, athletic, etc.) *exclude organizations, the name of which indicates the race, religion, creed, sex, age, marital status, color or nation of origin of its members:

U.S. Military Service: _____

Discharge Rank: _____

Date and type of discharge: _____

Present membership in National Guard/Reserves: YES NO
If yes, what rank? _____

LIST PREVIOUS VOLUNTEER, INTERSHIPS, & WORK EXPERIENCE (last one first)

Organization Name: _____ Address: _____

Telephone: _____ Start and End Dates: _____

Supervisor: _____ Position: _____ Salary: _____

Reason for Leaving: _____

Summary of duties, responsibilities, and accomplishments:

Organization Name: _____ Address: _____

Telephone: _____ Start and End Dates: _____

Supervisor: _____ Position: _____ Salary: _____

Reason for Leaving: _____

Summary of duties, responsibilities, and accomplishments:

Organization Name: _____ Address: _____

Telephone: _____ Start and End Dates: _____

Supervisor: _____ Position: _____ Salary: _____

Reason for Leaving: _____

Summary of duties, responsibilities, and accomplishments:

Organization Name: _____ Address: _____

Telephone: _____ Start and End Dates: _____

Supervisor: _____ Position: _____ Salary: _____

Reason for Leaving: _____

Summary of duties, responsibilities, and accomplishments:

REFERENCES List at least two professional references

PERSONAL PROFESSIONAL Name: _____ Firm: _____

Address: _____ Telephone Number: _____

PERSONAL PROFESSIONAL Name: _____ Firm: _____

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PERSONAL PROFESSIONAL Name: _____ Firm: _____

Address: _____ Telephone Number: _____

PERSONAL PROFESSIONAL Name: _____ Firm: _____

Address: _____ Telephone Number: _____

AUTHORIZATION & WAIVER

I hereby certify that the information I have provided verbally and on my application and accompanying resume and documents, if any, is true and complete. I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand and agree that any information provided by me, either written or verbal, which proves to be false or misleading or incomplete, may prevent me from being granted an internship, or, if granted an internship, may be grounds for dismissal from the internship if discovered at a later date.

I authorize Pines Behavioral Health Services (“PBHS”) to make any investigation into my background deemed necessary, including but not limited to investigation and verification of references, educational transcripts and records, employment records, disciplinary information, and criminal conviction history. I authorize all references, previous employers, schools, educational institutions, military organizations and other persons having information about me to release to PBHS any and all information and opinions concerning me, personal or otherwise, whether or not such information is part of their written records, including disciplinary, academic, service or performance records, without providing me notice of such release. I also authorize and request federal, state and local government agencies to release to PBHS any information requested concerning any criminal convictions on my record. Without limitation, I release all parties mentioned in this paragraph from any and all liability and damages for releasing such information. I specifically release PBHS, its governing board, officers, employees and/or agents from any and all claims and/or liability whatsoever for any damages or consequences which may result from its investigation of me. A photocopy of this signed authorization and waiver shall be as valid as an original.

Date: _____

Signature: _____

