



APPLICATION FOR INTERNSHIP

Please print and complete form in detail. Please be specific and fill in all appropriate blanks. All information given will be held in strict confidence.

PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY NUMBER _____
NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ CELL PHONE _____
EMAIL _____

EDUCATION

NAME AND LOCATION OF SCHOOL _____
DATES ATTENDED _____ LAST YEAR COMPLETED _____
MAJOR SUBJECTS STUDIED _____
NO. OF CREDIT HOURS COMPLETED _____ GRADUATE? YES/NO _____
DEGREE RECEIVED (TYPE) _____
ADDITIONAL COURSES OR STUDIES _____
WILL CREDIT BE GIVEN FOR INTERNSHIP? _____ IF SO, HOW MANY HOURS? _____

EXTRACURRICULAR ACTIVITIES AND HONORS

IN HIGH SCHOOL _____
IN COLLEGE _____

WORK EXPERIENCE (most recent)

NAME OF ORGANIZATION _____

TYPE OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

IMMEDIATE SUPERVISOR TITLE _____

PHONE _____

POSITION DATES _____ SALARY _____

TITLE DEPARTMENT _____

EXPLAIN DUTIES _____

WHAT DID YOU MOST ENJOY ABOUT THIS JOB? _____

WHAT DO YOU LEAST ENJOY? _____

WHAT WERE YOUR REASONS FOR LEAVING? _____

OTHER POSITIONS HELD (Include summer work during school)

1. DATES OF EMPLOYMENT _____

NAME OF COMPANY _____ POSITION _____

SALARY _____ REASON FOR LEAVING _____

2. DATES OF EMPLOYMENT _____

NAME OF COMPANY _____ POSITION _____

SALARY _____ REASON FOR LEAVING _____

3. DATES OF EMPLOYMENT _____

NAME OF COMPANY _____ POSITION _____

SALARY _____ REASON FOR LEAVING _____

ADDITIONAL COMMENTS ABOUT POSITIONS HELD _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)? YES NO

ACTIVITIES

INDICATE MEMBERSHIP, DEGREES OF PARTICIPATION, AND OFFICES HELD SINCE LEAVING SCHOOL IN CIVIC, PROFESSIONAL, SOCIAL, ATHLETIC OR OTHER ORGANIZATION OR ACTIVITIES.. _____

CURRENT HOBBIES AND RECREATIONAL ACTIVITIES _____

IN WHAT ADDITIONAL ACTIVITIES WOULD YOU LIKE TO ENGAGE? _____

DESCRIBE SPECIAL TRAINING YOU MAY HAVE RECEIVED THAT WOULD AID YOU IN THE POSITION YOU ARE APPLYING FOR. _____

ADDITIONAL INFORMATION

WHAT ARE YOUR PLANS FOR THE FUTURE? _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OMA? _____

REFERENCES (At least one reference should be a college professor)

1. NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____ YEARS ACQUAINTED _____

2. NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____ YEARS ACQUAINTED _____

3. NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____ YEARS ACQUAINTED _____

IN CASE OF AN EMERGENCY NOTIFY

NAME _____

PHONE _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

INTERNSHIP HOURS, ACTIVITY AND RESPONSIBILITIES

DURATION: BEGIN DATE _____ CLOSING DATE _____

HOURS: NUMBER OF WEEKS _____ DAYS PER WEEK _____ HOURS PER DAY _____ TIME OF DAY _____

OBJECTIVE OF INTERNSHIP. SPECIFY THE PROFESSIONAL AND CAREER DEVELOPMENT OBJECTIVES TO BE ACHIEVED DURING THE INTERNSHIP _____

• INTERN RESPONSIBILITIES: SPECIFY THE DUTIES AND RESPONSIBILITIES OF THE INTERN TO OMA. _____

• UNIVERSITY SUPERVISOR RESPONSIBILITIES IN CONSULTATION WITH OMA AND INTERN: ESTABLISH THE INTERNSHIP ASSIGNMENT, MAINTAIN CONTACT WITH THE INTERN/OMA AND ASSIGN AN ACADEMIC GRADE FOR THE INTERNSHIP AFTER REVIEWING THE FINAL EVALUATION PROVIDED BY OMA.

• OMA SUPERVISOR RESPONSIBILITIES: TRAINING/EDUCATION, INTERN FEEDBACK. AND FINAL EVALUATION.

I understand this application is not an employment agreement and I will not be considered an employee of OMA. Interns are considered volunteers of OMA with no monetary compensation given. Interns are not covered by workman’s compensation insurance.

I certify to indemnify and hold harmless OMA and all of its board members, officers and employees from and against any suits, actions, courses of action, claims, damages, losses, costs or expenses (including attorney's fees) arising from, or related in any way to, any bodily or personal injury or property damage.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am an intern at OMA, my internship may be terminated at any time. In consideration of my internship, I agree to conform to OMA rules and regulations.

DATE _____ SIGNATURE OF APPLICANT _____