



TAF INTERNSHIP APPLICATION FORM

Tracy Andrus Foundation (TAF) is an equal employment opportunity employer. Discrimination because of an individual's race, color, religion, sex, handicap, or national origin is prohibited.

You must submit a signed and completed application form and resume to be considered for an internship. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

Name(s) of Internship(s) Applied For:

Name: _____	
School Address: _____	
Permanent Address: _____	
School Phone Number: _____	Permanent Phone Number: _____
E-mail Address: _____	
Are you legally eligible to work in the U.S.? _____	
If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment? _____	
Are you requesting that your college grant you credit hours for your internship? _____	
Dates available to perform internship: _____	

Education:			
TYPE OF SCHOOL	NAME & LOCATION	DEGREE & DATE	MAJOR
High School	_____	_____	_____
College	_____	_____	_____

Employment History (Includes paid, volunteer, and intern positions)

Most Recent Employer: _____ Phone Number: _____

Address: _____

Supervisor's Name & Title: _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

Publications and Articles: _____

Community/Professional organizations, honors and awards: _____

Activities relevant to the internship(s) for which you are applying: _____

Why would you like to work as a TAF intern? _____

I certify that all the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or my dismissal.

Signature _____

Date _____

For College Credit:

Student's Signature

Date

Department Chairman's Signature

Date