# INTERNSHIP APPLICATION

Human Services of Faribault & Martin Counties
115 West First Street, Fairmont MN 56031
Phone: 507-238-4757 Fax: 507-238-1574
www.fmchs.com

HSB-1533 (10/11)

## PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Social Security Number[1] _____ Date of Birth[1] _____

Other names used for employment purposes: _____

## CONTACT INFORMATION

Present Mailing Address: _____

Permanent Mailing Address (if different) _____

_____

( ) _____ ( ) _____ ( ) _____
Home Phone: Work Phone: Cell Phone:

Email Address: _____

County of Legal Residence: _____

Have you ever been convicted of a misdemeanor or felony for which a jail sentence could have been or was imposed? (Do not include juvenile convictions or petty misdemeanor.) (This information will not be used to bar you from an internship but may be used to direct your interest to areas less related to the area of your conviction.) ☐ No ☐ Yes If yes, attach a separate sheet giving full particulars.

## SCHOOL INFORMATION

Name of School: _____

Current Year/Grade Level: _____

Major: _____ Minor: _____

Expected Graduation Date: _____

Degree to be Attained: _____

[1] Social Security Number and Date of Birth are needed to distinguish you from other applicants and to make processing more efficient. These are optional fields, however, we may not be able to process your application without the information.

## INTERNSHIP INFORMATION

When are you needing to complete your internship with us? _____

How many hours do you need for the internship? _____

What days are you available for the internship?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

In what program area/target population area would you like to intern? _____

What would be your second choice? _____

In this internship for credit? ☒ Yes ☐ No

Provide contact information for internship coordinator/advisor:

Name: _____

Position: _____

Address: _____

City/State/Zip: _____

Telephone: (  ) _____

Email Address: _____

## EXPERIENCE/SKILLS/GOALS

Describe any coursework and/or experience (paid or volunteer) that would be relevant to this internship.

Are you fluent in a language (including sign language) other than English? ☐ No ☐ Yes

If yes, which language? _____

What special skills/abilities/interests would assist you in your internship? (List software in which you have skills – be specific. Include any special machines/equipment.)

What are your career goals and how will an internship with Human Services of Faribault & Martin Counties help you achieve them?

How will this internship benefit Human Services of Faribault & Martin Counties?

Please describe what you know about human service programs/services.

## EMERGENCY CONTACT

The emergency contact person is a family member or friend who we can contact in case there is an emergency when you are interning with us.

Name: _____

Relationship to you: _____

Phone number(s): _____

## REFERENCES

References may be requested or you may attach them if you wish.

Signature of Applicant: _____

Date of Application: _____

*Human Services of Faribault & Martin Counties*
*is an Affirmative Action/Equal Opportunity Employer*