



Application for Position Internship

PLEASE PRINT

Position Internship Date of Application / /

Name _____
First
Middle
Last

Address _____
Street
City
State
Zip Code

Phone # (____) _____ Cell/Other # (____) _____ E-mail _____

Applicant must verify that he/she is 18 years of age or older: Date of Birth : _____

Referral Source (How did you hear about us?) _____

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? Yes ___ No ___

If yes, please provide date(s) and details _____

Educational Background

Starting with your most recent school attended:

| School (include city and state) | Years Completed | Degree Achieved | GPA | Major/Minor |
|------------------------------------|--------------------|-----------------|-----|-------------|
| | | | | |
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Employment History

Starting with your most recent employer, please provide the following information:

Employer _____ Phone # (____) _____

Address _____ City _____ St. _____ Zip _____

Starting Position _____ Ending Position _____

Immediate Supervisor and Title (for most recent position held) _____

Reason for Leaving _____

Job Responsibilities _____

Employer _____ Phone # (____) _____

Address _____ City _____ St. _____ Zip _____

Starting Position _____ Ending Position _____

Immediate Supervisor and Title (for most recent position held) _____

Reason for Leaving _____

Job Responsibilities _____

Skills and Qualifications

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____

Why do you want to become involved with the Children's House/CAC

References

List name and telephone number of three business/work references that are *not* related to you. If not applicable, list three school or personal references that are *not* related to you. Please have your references complete and return the attached Reference Form to: The Children’s House/CAC P.O. Box 335 Towanda, Pa 18848

| Name | Title | Relationship To You | Telephone | Number of Years Known |
|------|-------|---------------------|-----------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the Children’s House/CAC is true, complete and correct.

I expressly authorize, without reservation, the Children’s House/CAC, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institution and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Children’s House/CAC does not discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant for consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Children’s House/CAC and still wish to be considered for employment, it may be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the Children’s House/CAC reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Children’s House/CAC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Children’s House/CAC’s President and Executive Director.

I fully understand that this is a volunteer position and I will not be monetary compensated for my work as a board member.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration as a board member, or (ii) may result in my immediate discharge from the Children’s House/CAC service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Intern Applicant _____ Date ____/____/____

Received by CH staff: Signature _____ Date ____/____/____



Intern REFERENCE FORM

Applicant completing Reference Form for: _____

Person Completing Form: _____ Date: ___/___/___

Employer and Title: _____

Please answer the following questions as completely as you can. Thank you for your assistance.

1. Please briefly state why you believe this applicant would be a good Intern for our agency.

2. Do you know of any reason why this applicant should not serve in the capacity of Intern with this agency?

____ Yes ____ No If yes, please state the reasons.

3. Do you know of any reason why this applicant should not work with children?

____ Yes ____ No If yes, please state the reasons.



Information Form

Name: _____ Phone Number: _____ Email Address: _____

Major(s): _____ Minor(s): _____

University Attending/Attended: _____ Available start date: _____

School organizations, clubs, etc: _____

What relevant experience do you have? _____

Please list your proficiencies or skills that could contribute to the Children's House: _____

Why would you like to intern at the Children's House? _____

Why do you think that you would be a good fit for this role? _____

What would you hope to learn from this position? _____

Tell us about yourself: _____

What are you passionate about? _____

What are your career goals? _____

What are your strengths? What are your weaknesses? _____

Would you be willing to provide a background check in order to intern at this organization? __Yes __no

(This would include child abuse background check, FBI check and fingerprinting)

Please attach your resume

Our location is in Towanda, Pennsylvania so please ensure that you have transportation to this location before applying for the internship position.

Bradford County Children's House ♦ <http://www.childrenshousepa.org/> ♦ 570-265-4132 ♦ bccsatf@gmail.com