



**ADMINISTRATIVE OFFICE**

621 W. Madrone Street  
P.O. Box 1121  
Roseburg, Oregon 97471  
Phone: (541) 672-2691  
Fax: (541) 673-5642  
Web: www.adaptoregon.org

**APPLICATION  
FOR INTERNSHIP**

Adapt considers intern applications without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired internship start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source** (please check the appropriate category and name the source.)

- Walk-in \_\_\_\_\_
- School/Other \_\_\_\_\_
- Employee \_\_\_\_\_
- Staff Agency \_\_\_\_\_

Have you ever been employed here before?  
 Yes  No  
If **yes**, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_  
To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*  
 Yes  No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?  
 Yes  No  Need more information about the job's essential functions to respond.

Briefly describe your interest in interning at Adapt, your professional goals and what you hope to gain from this experience:

Best way to contact you:  
Home Phone  Cell  Email

**Explain on the back side of this form, any gaps in employment of more than one month.**

### EMPLOYMENT HISTORY

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

<p>Employer _____ Phone # _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Why did you leave? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Month Year to Month Year</p> <p>Dates employed: _____ / _____ / _____</p> <p>_____</p> <p>Job Title _____</p> <p>_____</p> <p>Immediate Supervisor Name/Title (for last position held) _____</p> <p>May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</p>
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Summarize the type of work performed and job responsibilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>Employer _____ Phone # _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Why did you leave? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Month Year to Month Year</p> <p>Dates employed: _____ / _____ / _____</p> <p>_____</p> <p>Job Title _____</p> <p>_____</p> <p>Immediate Supervisor Name/Title (for last position held) _____</p> <p>May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</p>
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Summarize the type of work performed and job responsibilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>Employer _____ Phone # _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Why did you leave? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Month Year to Month Year</p> <p>Dates employed: _____ / _____ / _____</p> <p>_____</p> <p>Job Title _____</p> <p>_____</p> <p>Immediate Supervisor Name/Title (for last position held) _____</p> <p>May we contact for reference?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Later</p>
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Summarize the type of work performed and job responsibilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELATED INFORMATION**

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry disability or other protected status:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

*Please list three peer references and include their contact information (phone, email):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List special accomplishments, publications, and awards. Include specialized skills (Computer, Typing, etc.)

\_\_\_\_\_

\_\_\_\_\_

EDUCATION	Name and Location of School	Month/Year to Month/Year	Degree Received	Subjects Studied /Major
High School or Equivalent				
College or University				
Graduate School				

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an internship placement decision.

This application for internship shall be considered active for a period of time not to exceed 45 days.

If placed in an internship, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Intern Applicant

Date

### Intern Committee USE ONLY

Schedule Interview  Yes  No

General Comments: