



Internship Program Application

DESIRED INTERNSHIP PLACEMENT

Choice of Department: 1) _____ 2) _____

PERSONAL INFORMATION

Name: _____
Last First Middle

_____ Street Address Apt. / Unit

_____ City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

PERSONAL REFERENCE

Name: _____ Title: _____ Phone No.: _____

_____ Street Address City State Zip

COLLEGIATE REFERENCE

Name: _____ Preferred Method of Contact: _____ E-Mail _____ Phone _____

Professor of: _____ E-mail Address _____ Phone _____

EDUCATION

College/University Attending: _____ Location: _____
City State

Year: 1st 2nd 3rd 4th Major: _____ Minor: _____

HONORS, AWARDS AND OTHER ACHIEVEMENTS

SKILLS

List special skills (Math, Science, Drafting) and computer skills (Word, Excel, Access) that will assist you in your work functions.

OTHER

Do you have relatives that work at CCWA? Yes No If yes, list their name and department in which they work.

1) _____ 2) _____
Name Department Name Department

I hereby declare that the information contained is correct and complete to the best of my knowledge.

_____ Signature _____ Date