

Application for Internship

We are an equal opportunity employer and do not unlawfully discriminate against applicants with respect to employment terms and conditions based on race, color, national origin, religion, sex, age, sexual orientation, gender identity, gender expression, genetic information, disability, veteran status, or political affiliation. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of The Parenting PATH.

Driver's License			
Driver's License			
	lo.:		
Part-Time			
	_F		
	Yes	No	
Do you have any objections to working a flexible schedule?			
Can you travel if required for this internship?			
Do you have reliable transportation?			
Have you ever been previously employed by our organization?			
Have you ever previously volunteered with our organization?			
cally bar internship):			
cally bar internship):			
F	hedule? ganization? anization?	Part-Time T F W Th F hedule? Yes Yes Yes Yes Yes	





How did you learn about The Paren	ting PATH? Staff _	College/University referral	Online	
EMPLOYMENT/VOLUNTEER HISTO			911	
Please provide all employment/volurecent.	unteer information for the	e past 2 employers beginning wi	tn most	
Organization:		le:		
Address:	Telephone I			
Supervisor Name:	Dates: from	to		
Job Summary:				
Reason for departing:				
Organization:	Position/Tit	le:		
Address:	Telephone I	No.:		
Supervisor Name:	Dates: from	to		
Job Summary:				
Reason for departing:				





	RSKILLS, EDUCATION, AND QUALIFICATIONS arize your training, skills, licenses, certificates, and/or other	er qualifications.				
Do you	u have liability insurance? Is it through the Unive	rsity? yes no				
Any sp	ecial limitation?					
EDUCATIONAL HISTORY List school name and location, years completed, course of study, and any degrees earned: High School:						
College	e/Trade:					
Techni	cal Training:					
How lo	ORIZATION FOR CRIMINAL & SEX OFFENDER REGISTRY BA					
1.	Address: City, State, Zip:					
2.	Address:City, State, Zip:					
3.	Address:City, State, Zip:	How long:				





I hereby authorize The Parenting PATH to contact, obtain, and verify the accuracy of information contained in this application. I also hereby release from liability The Parenting PATH and it's representative for seeking, gathering, and using such information to make internship decisions and all other persons or organization for providing such information.

I understand that any misrepresentation or material omission is made by me on this application will be sufficient cause for cancellation of this application or immediate termination of internship if I am accepted whenever it may be discovered.

If I am accepted, I acknowledge that there is a specified length of the internship and that this application does not constitute an agreement or contract a placement. Accordingly, either The Parenting PATH or the university can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire a qualified intern or otherwise discriminate for a placement with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing, and that I seek internship under these conditions.

Applicant Signature: Date:	
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