INTERNSHIP APPLICATION

Shaohannah's Hope, Inc. d/b/a Show Hope
www.showhope.org | 615.550.5600 (o)

SHOW HOPE

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			
Position Applied for			
Are you a citizen of the United States? YES ☐ NO ☐	If no, are you authorized to work in the U.S.? YES ☐ NO ☐		
Have you ever worked for this company? YES ☐ NO ☐	If so, when?		
Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct? YES ☐ NO ☐			
Have you ever been convicted of a felony? YES ☐ NO ☐	If yes, explain		

EDUCATION

High School		Address		
From	To	Did you graduate? YES ☐ NO ☐		Degree
College		Address		
From	To	Did you graduate? YES ☐ NO ☐		Degree
Other		Address		
From	To	Did you graduate? YES ☐ NO ☐		Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT

Company	Phone ( )
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES ☐ NO ☐	
Company	Phone ( )
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES ☐ NO ☐	
Company	Phone ( )
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES ☐ NO ☐	

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date