



Deaf Independent Living Association, Inc. (DILA)

INTERNSHIP APPLICATION

PLEASE PRINT

PERSONAL INFORMATION:

Application Date: _____

Last Name

First Name

M.I.

Address, City, State and Zip Code

Phone

Email Address

Internship Position

Date to Begin

Ending Date

Emergency Contact

EDUCATION:

College

Other/Technical

Name of Institution _____

Course of Study _____

Instructor's Name _____

Instructor's Contact Information _____

Desired Days _____

Desired Hours _____

of Hours per week _____

Please share what you would like to gain from your internship experience: _____

CONVICTION RECORD:

Have you ever been convicted of a felony or crime of violence, or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Conviction will not necessarily disqualify applicant but failure to disclose this information could result in denial of internship.)

YES NO

If 'Yes', please explain: _____

RECENT TB SCREENING

YES NO I recently had a TB screening as was tested negative.

If "No", please explain: _____

COMMUNICABLE DISEASE

YES NO I am in good health and free from communicable disease.

If "No", please explain: _____

The above information is true and complete to the best of my knowledge. Should I be accepted to an internship position by the Agency, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Agency has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Agency.

I understand that this application does not constitute an employment contract of any kind. Should I be accepted to an internship position by the Agency, I may resign such position at any time at my discretion two weeks notice and the Agency may terminate my internship at any time at their discretion, with or without cause and with or without prior notice.

Date

Signature

Please mail/fax application to:
Deaf Independent Living Association, Inc.
806 Snow Hill Rd
Salisbury, MD 21801
Attn: Human Resource
Fax: 410-543-4874