

APPLICATION FOR INTERNSHIP



Please type or print

Date: _____ Name: _____

Permanent Address: _____

City/State/Zip: _____ Phone: _____

School/Other Address: _____

City/State/Zip: _____ School Phone: _____ Until: _____

E-Mail Address: _____

Internship Type Desired: _____

(Please consult the internship summary for details.)

EDUCATION

School/College	Dates Attended	Degree/Major/Minor
_____	_____	_____
_____	_____	_____

BUSINESS/WORK EXPERIENCE (can attach resume)

Employer (name & address)	Dates	Position	Nature of Work
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

(List three people; preferably work supervisors, with knowledge of your skills for this position.)

Name	City/State	Phone	Relationship to You
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are your reasons for seeking an internship? (Use additional page if necessary)

What skills, classes, special experiences or interests qualify you for this internship?

Which term are you interested in for an internship? (Check all that apply)

Fall _____ Spring _____ Summer _____ Other (please explain) _____

Number of hours needed to complete _____

Do you have a valid driver's license? _____ Will you be bringing your own car? _____

How did you learn the Ocala/Marion County Chamber of Commerce? _____

Have you ever been convicted of a felony? _____

If yes, please explain

I agree that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

Please return completed application to:
Ocala/Marion County Chamber of Commerce
110 E. Silver Springs Blvd.
Ocala, FL 34470
Fax: (352) 629-7651
Email: zoe@ocalacc.com
Phone: (352) 629-8051