

The da Vinci School INTERN APPLICATION

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, sex, national origin, age, marital status, the presence of a non-job-related medical condition or handicap, and any other legally protected status. It is our policy to abide by all federal, state, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of law.

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____

SCHOOL ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____

Social Security Number: _____

Driver's License Number: _____

(we run a driving record check on all employees)

EDUCATIONAL BACKGROUND:

HIGH SCHOOL: _____

Special interests/ achievements: _____

COLLEGE: _____

Field of study: _____

Career interests: _____

PAST WORK HISTORY:

Current or last employer: _____

Address: _____

Phone: _____ Dates of employment: _____

Primary duties/responsibilities: _____

Reason for leaving: _____

May we contact your employer? _____ Who do we contact? _____

Prior employer: _____

Address: _____

Phone: _____ Dates of employment: _____

Primary duties/responsibilities: _____

Reason for leaving: _____

May we contact this employer? _____ Who do we contact? _____

PROFESSIONAL REFERENCES: (people who know the quality of your work – can include people who have employed you, people for whom you did extended babysitting, an advisor or professor who knows you well, or anyone for whom you did volunteer work)

NAME	PHONE	HOW THIS PERSON KNOWS YOU?	HOW LONG?
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If you are hired for this internship are you willing to commit to the term of the internship?

Do you have any health conditions or physical limitations that may prevent you from performing any aspect of this job?

Do you have reliable transportation? _____

Are you willing to fulfill all of the requirements of this internship including full participation in seminars and all written evaluations? _____

Do you have any plans or commitments that overlap with the dates and hours that are stated for this position?

A criminal history check is done on anyone who works in this facility.

Have you ever been convicted of a crime? _____

If yes, please explain: _____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. citizenship, or by some other means? _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and statements made by me in this application are correct and complete. I understand that omission or misrepresentation of facts in this application may result in discharge.

I authorize you to communicate with those employers, school officials, and persons named as references concerning my skills, character, and responsibility.

If employed, I understand and agree that such employment is for a designated period of time, but can be terminated at any time, without prior notice, and that my employment is not governed by any expressed or implied contract but is AT-WILL.

Applicant's signature: _____

Date: _____

If you have had an opportunity to lead a group of children in a learning activity, please describe what you did and how it was and was not successful.

If you have NOT had an opportunity to work in such a capacity with young children, describe a personal learning experience that you felt was particularly memorable and effectively taught. What made it an effective learning experience?