**APPLICATION FOR INTERNSHIP**

BEAR CREEK ANIMAL CLINIC • 4924 HWY 6 NORTH, HOUSTON, TX 77084 • (281) 463-8091

**PERSONAL INFORMATION**

NAME DATE

 LAST FIRST MIDDLE

ADDRESS

 STREET CITY STATE ZIP

PHONE NUMBER

ARE YOU 18 YEARS OR OLDER? YES □

NO □

**INTERNSHIP DESIRED**

DATE YOU DAYS/TIMES

CAN START AVAILABLE

HOW MANY TIME

HOURS NEEDED FRAME

SCHOOL/PROGRAM TEACHER/

INTERNSHIP IS FOR COORDINATOR

CONTACT INFO:

PHONE NUMBER E-MAIL

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |  |  |  |  |

**GENERAL**

SUBJECTS OF SPECIAL

STUDY OR RESEARCH

SPECIAL

SKILLS/ACTIVITIES

WHAT ARE YOU MOST

INTERESTED IN AND WHY?

**EMERGENCY CONTACTS**

|  |  |  |
| --- | --- | --- |
| NAME | ADDRESS OR PHONE NUMBER | RELATION |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMMISIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND MY INTERNSHIP MAY BE TERMINATED AT ANY TIME.

 **SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_