

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 <input type="checkbox"/>			
	NO <input type="checkbox"/>			

INTERNSHIP DESIRED

DATE YOU CAN START	DAYS/TIMES AVAILABLE
HOW MANY HOURS NEEDED	TIME FRAME
SCHOOL/PROGRAM INTERNSHIP IS FOR	TEACHER/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 _____