

APPLICATION FOR GALYN JOHNSON, P.C:

- Internship (must be at least a Junior)
- Volunteer (must be at least a Freshman)

Date of Application: _____

PERSONAL HISTORY

NAME: _____

ADDRESS: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Emergency Contact(s): Name _____ Ph: _____

Name: _____ Ph: _____

U.S. Citizen? Yes No

Have you ever been convicted **and/or** charged with either a misdemeanor **and/or** felony? Yes _____ No _____

If yes, please explain: _____

As an applicant for either a volunteer or internship position please be advised we may be conducting a records check and you may be asked to provide further identification details such as date of birth, driver license number, and social security number.

Referral Source: _____

Please note one of our requirements is a commitment of a minimum of at least 10 hours per week but up to 20 hours per week. Please provide the days of the week and times you will be available to work.

SKILLS

List computer skills and software programs you are familiar with:

Languages you are fluent in: _____

Other skills and considerations: _____

EDUCATION (please list in reverse chronological order)

School: _____

Dates Attended: _____

Address: _____

Major: _____

Degree: _____

School: _____

Dates Attended: _____

Address: _____

Major: _____

Degree: _____

School: _____

Dates Attended: _____

Address: _____

Major: _____

Degree: _____

School: _____

Dates Attended: _____

Address: _____

Major: _____

Degree: _____

WORK HISTORY (please list in reverse chronological order)

Employer: _____
Address: _____
Job Title: _____ Dates Employed: _____
Supervisor: _____ Phone Number: _____
Job Duties: _____

Reason for Leaving: _____

Employer: _____
Address: _____
Job Title: _____ Dates Employed: _____
Supervisor: _____ Phone Number: _____
Job Duties: _____

Reason for Leaving: _____

Employer: _____
Address: _____
Job Title: _____ Dates Employed: _____
Supervisor: _____ Phone Number: _____
Job Duties: _____

Reason for Leaving: _____

Employer: _____
Address: _____
Job Title: _____ Dates Employed: _____
Supervisor: _____ Phone Number: _____
Job Duties: _____

Reason for Leaving: _____

REFERENCES (please state how you know each of your references listed):

Name: _____
Address: _____
Phone Number: _____
 Professional Reference _____
 Personal Reference _____

Name: _____
Address: _____
Phone Number: _____
 Professional Reference _____
 Personal Reference _____

Name: _____
Address: _____
Phone Number: _____
 Professional Reference _____
 Personal Reference _____

APPLICANT'S STATEMENT

I verify that all information provided on this form is true and accurate. I understand that this application is not and isn't intended to be a contract of employment or a guarantee of a volunteer/intern position. I am aware of the possibility of having a records check conducted by Galyn Johnson, P.C.

Signature

Date