



INTERN /OBSERVATION APPLICATION

Position Sought: _____

Date Received: _____

Personal Information

Name _____ Home Phone Number _____ Cell _____
Last First

Current Address _____
Number & Street City State Zip Code

Previous Address _____
Number & Street City State Zip Code

E-mail _____

Do you have any restrictions, personal or otherwise, which would restrict the hours you can do your internship/observations?
 Yes No If yes, identify hours and/or dates restricted: _____

Are you 18 years of age or older? Yes No

Have you ever been employed or volunteered with Cantalician Center for Learning? Yes No
 If so, when? _____

Referred by (name of person, firm, agency, advertisement, etc.): _____

Date available to begin : _____

Education

EDUCATION	NAME OF SCHOOL CITY AND STATE	Highest Grade Completed	Did you graduate?	Degree/Major/Minor
High School		1 '""' 2 '""' 3 '""' 4	Yes '""' No	
College(s)		1 '""' 2 '""' 3 '""' 4	Yes '""' No	
Graduate School		1 '""' 2 '""' 3 '""' 4	Yes '""' No	
Technical, Business, or Other		1 '""' 2 '""' 3 '""' 4	Yes '""' No	

Please indicate if you hold any of the following certifications (check all that apply).

- First Aid CPR Med. certified SCIP/R

Please list all licenses and accreditations that you believe would be useful during your internship/observation:

EMPLOYMENT HISTORY: (Start with your present or most recent position. Include experience in the armed forces of the U.S. Please feel free to attach a resume; however, you must complete your employment history as indicated on this page.)

Present Employer Name _____ Type of business _____

Position Title _____

Responsibilities: _____

Address _____ Phone No. _____

Starting date _____ Starting Position _____ Starting earnings _____

Leaving date _____ Leaving duties _____ Leaving earnings _____

Reason for termination: _____

Last immediate supervisor's name and title: _____

Last Employer Name _____ Type of business _____

Position Title _____

Responsibilities: _____

Address _____ Phone No. _____

Starting date _____ Starting Position _____ Starting earnings _____

Leaving date _____ Leaving duties _____ Leaving earnings _____

Responsibilities: _____

Reason for termination: _____

Last immediate supervisor's name and title: _____

Employer Name _____ Type of business _____

Position Title _____

Responsibilities: _____

Address _____ Phone No. _____

Starting date _____ Starting Position _____ Starting earnings _____

Leaving date _____ Leaving duties _____ Leaving earnings _____

Reason for termination: _____

Last immediate supervisor's name and title: _____

VOLUNTEER HISTORY

Name of organization _____ Type of organization _____

Address _____ Phone _____

Dates of Volunteer Service: Start _____ End _____

Reason no longer volunteering: _____ Supervisor's name or contact: _____

Name of organization _____ Type of organization _____

Address _____ Phone _____

Dates of Volunteer Service: Start _____ End _____

Reason no longer volunteering: _____ Supervisor's name or contact: _____

Is additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your school or employment records? YES NO

If yes, please provide: _____

Character References

Please include at least 3 references that have knowledge about your character, scholarship, and professional abilities. Do NOT include relatives or previous employers

Name	Position	Mailing Address	Telephone

Have you been convicted of a felony or misdemeanor with the exception of minor traffic offenses in any jurisdiction?

Yes No If yes, please provide explanation: _____

City: _____

Date: _____

Are you now or have you ever been the subject of an indicated report of child abuse, neglect or mistreatment?

Yes No Date: _____ If yes please explain: _____

Your answer is looked upon as only one of the factors considered and is evaluated in terms of the nature, severity, and date of the offense. No applicant will be excluded from consideration due to prior arrests.

Have you ever been discharged or asked to resign by an employer or a volunteer organization? Yes No

If yes, please explain and state circumstances: _____

APPLICANT'S AGREEMENT:

I hereby represent that each answer to a question herein and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements or information furnished by me during the selection process will subject me to disqualification from consideration or termination as a volunteer. I hereby authorize my former employers, organizations to which I volunteered my services or personal references to give any information regarding my employment/volunteering with them; and in addition, to furnish any other information they may have concerning me.

I understand this Application does not constitute an expressed or implied contract of any kind.

I also understand I am subject to a thorough background check.

I understand that my internship/observations are for no definite period and may be terminated at any time without previous notice.

Signature of Applicant _____ Date _____

CONSUMER REPORT DISCLOSURE STATEMENT

In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are notified that in connection with and in order to better evaluate this application for internship/observation a report may be obtained which will provide applicable information concerning character, general reputation and personal characteristics including, but not limited to, verification of prior employment, verification with the Department of Motor Vehicles, and a character check, including verification and review of any criminal convictions. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the report requested.

I hereby authorize Cantalician Center for Learning, Inc. to procure a consumer report as set forth above.

Signature of Applicant

Date

STUDENT TEACHER/TEACHER APPLICATION SUPPLEMENT

Name: _____

Date Received: _____

Student Teaching

Please complete the following section **ONLY** if you have less than 3 years regular full-time teaching employment

Experience	No. of Weeks	Describe Type of Situation and Work You Did
School & Location		

Student Teaching References: Please include Cooperating Teachers

Name	Position	Mailing Address	Telephone

I hereby represent that each answer to a question herein, and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements, or information furnished by me during the selection process will subject me to disqualification from consideration or termination of the internship/observation at any time. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

I understand this Application for Internship/Observation and Student Teacher Application Supplement does not constitute an expressed or implied contract. I have the right to terminate my internship/observation for any reason at any time. I also understand the Cantalician Center for Learning reserves the same rights.

I further understand that in the event I receive an internship offer, I will be required to submit to a post-offer drug test. The internship offer will be revoked, or will be terminated, in the event of a positive test result. Any internship offer may be revoked or employment will be terminated based on adverse information obtained by the Cantalician Center during the background investigation process.

Signature of Applicant

Date