



Internship Application

Personal Information

Date: _____ Last Name: _____ First Name: _____ M.I.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail Address: _____
Date of Birth: _____ LDI Store Preference: _____
SSN: _____ Position Preference: _____

Work Experience

Employer: _____ Job Title: _____
Address: _____ Employed from (mo/yr to mo/yr): _____
Phone: _____ Your salary (starting/ending): _____
Duties: _____
What did you like most about your job?: _____
What did you like least about your job?: _____
Reason for leaving: _____

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School Information

High School: _____ H.S. Graduation Date: _____
College attending: _____ Anticipated Graduation Date: _____
Degree you plan to obtain: _____ Internship required?: Yes No

References

Please provide a list of three, non-family members who could tell us about your abilities, skills, and level of commitment. Please include their name, their relationship to you, and their phone number

1. _____
2. _____
3. _____

Statement of Interest & Availability

Statement of Interest:

Dates available to perform internship: _____

Signature: _____ Date: _____