AIAFS Research Internship Application

Applicant Information						
Last Name	First	First Date				
Street Address		Apt/Unit			nit	
City	State					
Phone	Cell Phone					
Email address:						
DL#		DL State				
Have you ever been convicted of a felony? Yes No		If yes please explain:				
How did you hear about our internship program?						
Availability						
Please check semesters of availab	oility:					
Fall Spring Summer Other, please explain:						
Please check your general Sunday Mon availability	day Tuesday	Wednesday	Thursday	Friday	Saturday	
Morning (approx. 9-1)						
Afternoon						
(approx. 1-5)						
Evening						
(approx. 5-9)						
Experience/Education and Skills						
Current employment status:	Full-time	Part-time	Not F	mployed		
Current or most recent paid posit	Tare time		проуса			
Are you currently a full-time student?		If yes, please indicate school and concentration:				
Yes No		, 22, please maisace seriosi and concentration.				
Level		Areas of study:				
Freshmen Sophomore Junior		Tricus of study.				
Senior Graduate student						
Do you speak any other language	If yes, please list language					
Yes No	i yes, piease					
	J.	Fluont	Sami-Eliza	ent \square D	ocic	
Computer Skills/Software Used:		Fluent	Semi-Flu	ent Ba	asic	

Personal Information				
Why are you interested in an internship in our organization?				
What specific experience would you like to gain through this internship?				
Describe your long-term career goals:				
Professional References				
Name	Relationship and contact info (e-mail and/or phone	number)		
Disclaimer and Signature				
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.				
Signature:		Date:		