

**Vision:** Empowering students to pursue their passions and interests within our community.

**Mission:** This internship is made to assist students find their passions within our own community. Interns will be working be working within our Thrift Stores, Warehouse, and other programs to get to know more about The Place and how we serve our community. Interns will also be learning more about businesses, organizations, and colleges around us to learn about different career and educational opportunities.

**The Place Ga**

**2023 Youth Summer Internship Application**

**Please send application to** **esmeralda@theplacega.org**

**Application deadline is May 12th**

***Personal Information***

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Street: |  |
| City, State, Zip Code: |  |
| Phone Number: |  |
| Email Address: |  |
| Parent/Guardian Phone Number: |  |
| Emergency Contact: |  |
| Emergency Contact Phone Number: |  |
| Are you at least 16 years of age? |  |
| Can you provide proof of citizenship for employment purposes? |  |

***Position and Availability***

|  |  |
| --- | --- |
| Do you have reliable transportation to/from work? |  |
| Are you available to work during the following days/times: Tuesdays, Wednesdays, and Thursdays from 9:00am-4:00pm from June 17th – July 29th ? |  |
| Are you able to lift at least 25 pounds? |  |
| How did you hear about this internship? |  |

***Education and Experience***

|  |  |
| --- | --- |
| Name of current or most recent high school: |  |
| Most recent grade level completed: |  |
| Have you participated in the Orange Duffel Initiative? |  |
| Extra-curricular activities: |  |
| Skills and qualifications: |  |
| What are you interested in learning more about? |  |
| What are you interested in pursuing after high school? (Jobs/career path) |  |

***Employment History****:* \**Please use back for additional employment history.*

|  |  |
| --- | --- |
| Are you currently employed? |  |
| Name of employer: |  |
| Street Address:  |  |
| City, State, Zip Code: |  |
| Dates of Employment: |  |
| Position Duties: |  |
| Reason for leaving? |  |
| Name of supervisor, title: |  |
| Supervisor’s phone number: |  |
| May we contact this person for a reference? |  |

***References***: *\*Please list up to 3 people who can provide feedback on your performance in the workplace.*

|  |  |
| --- | --- |
| First and last name: |  |
| Phone number: |  |
| Email address: |  |
| Occupation: |  |
| Number of years known/relationship: |  |
|  |  |
| First and last name: |  |
| Phone number: |  |
| Email address: |  |
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|  |  |
| First and last name: |  |
| Phone number: |  |
| Email address: |  |
| Occupation: |  |
| Number of years known/relationship: |  |

I certify that the information provided above is true and complete. I acknowledge that providing false information is grounds for not hiring me or immediate termination. I authorize the verification of any information listed above.

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Signature Date