CAVALLA INTERNATIONAL UNIVERSITY

INTERNSHIP/CLERKSHIP APPLICATION FORM

Completed by Employer of Student - Intern	Name:		D.O.B	(mı	m/dd/yy)
Permanent Address: If different) (street) (City) (Zip) Home Phone: ()	(Last)	(FIRST)			
Permanent Address:	Local Address:				
If different) (street) (City) (Zip) Home Phone: () Work Phone: ((street)		(City)	(2	Zip)
Home Phone: (Permanent Address:				
IN CASE OF EMERGENCY CONTACT Name					(Zip)
Name	Home Phone: ()		Work Pho	ne: ()	
Relationship	Email Address				_
Contract #: Cell: Home: I am applying for the Fall / Spring / Summer / Winter Semester. (circle one) Dates What year are you in? What is your Major? Email Address: Please identify up to four shifts with a total of at least 20 hours/week. Day AM PM Monday Tuesday Wednesday Thursday Friday Student Signature Completed by Employer of Student - Intern The Information above is verified and accurate to the best of my knowledge. Staff Name:	IN CASE OF EMERGENCY (ONTACT			
I am applying for the Fall / Spring / Summer / Winter Semester. (circle one) Dates	Name		Relationship		
What year are you in?	Contract #: Cell:		Home:		
What year are you in?	I am applying for the Fall	/ Spring / Sur	mmer / <u>Winter</u>	Semester. (circle one)	
What is your Major? Email Address: Please identify up to four shifts with a total of at least 20 hours/week. Day AM PM Monday Tuesday Wednesday Thursday Friday Student Signature Completed by Employer of Student - Intern The Information above is verified and accurate to the best of my knowledge. Staff Name:	Dates				
Please identify up to four shifts with a total of at least 20 hours/week. Day	What year are you in?				_
Please identify up to four shifts with a total of at least 20 hours/week. Day	What is your Major?	-			
Day AM PM Monday Tuesday Wednesday Thursday Friday Student Signature Date Completed by Employer of Student - Intern The Information above is verified and accurate to the best of my knowledge. Staff Name:	Email Address:				
Monday Tuesday Wednesday Thursday Friday Student Signature	Please identify up to four s	shifts with a tota	l of at least 20 hou	rs/week.	
Monday Tuesday Wednesday Thursday Friday Student Signature	Day	AM		PM	
Wednesday Thursday Friday Student Signature	Monday				
Thursday Friday Student Signature	Tuesday				
Student Signature	Wednesday				
Student Signature	Thursday				
Completed by Employer of Student - Intern The Information above is verified and accurate to the best of my knowledge. Staff Name:	Friday				_
Completed by Employer of Student - Intern The Information above is verified and accurate to the best of my knowledge. Staff Name:	Student Signature			Date	
The Information above is verified and accurate to the best of my knowledge. Staff Name:					
Staff Name:	Co	mpleted by En	nployer of Stude	ent - Intern	
	The Information above is	verified and accu	rate to the best of	my knowledge.	
Signature Date:	Staff Name:				
	Signature		Date: _		

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ı	Please respond to the questions below.
`	Why do you want to intern at this employer?
\	What are your Strengths?
	Employers are always looking for interns with the following skills, please identify areas that you can/or would like to contribute to:
	Enter Your Skills Here
Aside	e your regular intern hours will you be available to participate in Employer events during the semester? Yes No
we fee	email application form and resume to your employer where you are doing the Internship/Clerkship. If el that you are a good fit for employer, you will be invited for a short interview and orientation before mester begins with the employer.