



disAbility Resource Center

409 Progress Street; Fredericksburg, VA 22401
Phone: 540-373-2559 Fax: 540-373-8126
TTY: 540-373-5890 Toll Free: 800-648-6324

Intern Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO
If yes, explain: _____

Have you ever been convicted of child abuse and/or sexual harassment? YES NO If yes, when? _____

Have you ever been terminated, asked to resign, or left a job without notice? YES NO
If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Specialized Skills and Knowledge

List any skills, knowledge and /or certifications that you have acquired, how you obtained, and length that you have utilized, (such as typing/keyboard speed, software programs, computer languages, etc.), and state how you obtained. Use separate sheet if necessary.

1. _____
2. _____
3. _____
4. _____
5. _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

The disAbility Resource Center of the Rappahannock Area, Inc. (dRC) is an equal opportunity employer. dRC does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, marital status, veteran's status, or disabilities unrelated in nature and extent to the ability to perform job duties. This policy of nondiscrimination extends to all terms, conditions, and privileges of employment and to all personnel action.

EMPLOYMENT AT WILL: All employees of **The disAbility Resource Center of the Rappahannock Area, Inc.** are employees at will, and both the employee and dRC are free to terminate the employment relationship at any time at their discretion. No supervisor or other dRC employee has the authority to alter this relationship.

STATEMENT BY APPLICANT: I authorize **The disAbility Resource Center of the Rappahannock Area, Inc.** to contact my former employers, and references listed on this application, and I authorize such individuals and organizations to release information requested by dRC. The information I have supplied on this application and by way of any oral statement is true, accurate, and I understand that any intentional misstatement by me to dRC may result in immediate dismissal. I understand that my employment for 30 days is contingent upon the results dRC obtains from any record checks done on me.

I certify that my answers are true and complete to the best of my knowledge.

I have reviewed the job description for the position for which I have applied [Yes No Not Provided] and I am able to perform all of the essential function of the job, with or without reasonable accommodations, as outlined in the job description for the position: YES NO.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____