



NAPI Internship Application

Applicant Information									
Full Name:				Date:					
<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:									
<i>Street Address</i>						<i>Apartment/Unit #</i>			
<i>City</i>						<i>State</i>		<i>ZIP Code</i>	
Phone: ()		E-mail Address:							
Mother's Name:			Address: City/ State/ Zip			Tribe:			
Father's Name:			Address: City/ State/ Zip			Tribe:			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:									
Education									
High School:		Address:							
From:	To:	Did you graduate?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
College Classification: Freshman: <input type="checkbox"/> Sophomore: <input type="checkbox"/> Junior: <input type="checkbox"/> Senior: <input type="checkbox"/>									
College:		Address:							
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Undergraduate Major:				Month & Year to Graduate:					
Other:		Address:							
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Previous Work Experience									
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 <input type="checkbox"/>	NO <input type="checkbox"/>		
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 <input type="checkbox"/>	NO <input type="checkbox"/>		
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 <input type="checkbox"/>	NO <input type="checkbox"/>		
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 <input type="checkbox"/>	NO <input type="checkbox"/>		
Skills							
Computer Programming:							
Drafting or Mechanical Drawing:				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years of Experience:	
WPM:		Shorthand:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years of Experience:	
Internship							
When are you available to start an internship?							
Approximate hours per week:							
What are your objectives for participating in an internship program?							
What type of work would you like to do during your internship?							
What, if any, limitations do you have that may have a bearing on your placement?							
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State issued: _____ Class: _____							
Disclaimer and Signature							
<i>I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release.</i>							
Signature:						Date:	