

## Delphine Publications Internship Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address \_\_\_\_\_  
(if different from above) \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position \_\_\_\_\_

Term You Can Start (Summer / Fall / Spring) \_\_\_\_\_

Are You Employed Now?  Yes  No

If so, may we inquire of your present employer?  Yes  No

Have you ever applied to this company before?  Yes  No

If yes: Where? \_\_\_\_\_ When? \_\_\_\_\_

Special Studies or Research: \_\_\_\_\_

WORK EXPERIENCE Month, Year	Name and Address of Employer	Position	Salary	Reason for Leaving
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From  
To


From  
To


From  
To


From  
To


## REFERENCES

Please list three people, not related to you, who have known you at least one year

Name	Address	Business	Years Acquainted

## PHYSICAL RECORD

Do you have any physical condition that may limit your ability to perform the job applied for?

\_\_\_\_\_

**In case of emergency, please notify:**

\_\_\_\_\_

Name Address Phone

**I certify that all of the foregoing statements are true and correct to the best of my ability. I understand that misrepresentation or omission of facts is cause for dismissal. I agree to complete the assigned projects given in the specified term.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ref. Check By: \_\_\_\_\_ Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Additional

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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