

Date \_\_\_\_\_

# Metro Social Services, Inc.

345 University Avenue West, Suite A  
St. Paul MN 55114  
Office 651-647-0647 Fax 651-647-1075

## Internship Application

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number/cell phone \_\_\_\_\_

Name of your school/institution  
\_\_\_\_\_

Internship position \_\_\_\_\_

### Time and availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Evening					

How many months can you commit to this internship? \_\_\_\_\_

### Education

High school (name, and year of graduation )	College (name, and year of graduation )	Technical training (name, and year of graduation )

**Volunteer/Work Experience**

Please start with most recent volunteer/work experience

Name \_\_\_\_\_

Start date /end date \_\_\_\_\_

Position \_\_\_\_\_

Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address/phone

\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for leaving

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Start date /end date \_\_\_\_\_

Position \_\_\_\_\_

Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address/phone

\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for leaving

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Start date /end date \_\_\_\_\_

Position \_\_\_\_\_

Duties

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Address/phone

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Reason for leaving

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Would this internship be for class credit? If so, how many hours are needed?

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What interests you about interning with Metro Social Services?

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What do you hope to gain from this internship?

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**Please answer the following questions**

Are you 18 year old or over?	Yes	No
Have you been convicted of misdemeanor or felony? If yes, state fact and penalty:	Yes	No
Have you ever been discharged from any position? If yes, state circumstances:	Yes	No

Do you have any friends or family who work for MSSSI? If yes, please write their name and state of relationship to this person:	Yes	No
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**Professional References**

List three people who have worked with you and are familiar with your professional skills and abilities. Please do not include friends or relatives. Incomplete information may delay the processing of your application.

Name	Relationship to you	Job title	Company (include address)	Phone Number	Email

My signature below acknowledges that this application has been completed to the best of my abilities. I understand that any false answers or statements on this application will be sufficient grounds for internship denial or immediate dismissal if I am giving an internship position.

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