

Intern Application

LENA POPE
3200 SANGUINET STREET, FORT WORTH, TEXAS 76107
817.255.2500

IMPORTANT: Please read this Application and all terms of internship carefully. Print or type answers to every question. All information on this Application will be treated confidentially.
(PLEASE PRINT CLEARLY)

Name: _____ Date: _____
 First Middle Last

Address: _____ City/State/ZIP: _____

Home Phone: _____ Business Phone: _____ SSN: _____

Email: _____

Relatives Employed at Lena Pope:

Intern Position for which you are applying: _____

Briefly state reasons for interest in an internship with Lena Pope and include how you found out about Lena Pope.

SPECIAL SKILLS

All applicants who have experience in the following skills should complete this section:

Clerical:	Adding machine	_____
	Calculator	_____
	Typewriter (wpm)	_____
	Shorthand (wpm)	_____
	Computer (type)	_____
	Software (program)	_____

List languages, other than English, which you:

Speak proficiently	_____
Read proficiently	_____
Write proficiently	_____

I volunteered for:	
Address	Position
Phone	Responsibilities
Supervisor	

I volunteered for:	
Address	Position
Phone	Responsibilities
Supervisor	

List memberships in any professional, technical or trade organizations in which you are or have been a member: _____

Within the past three years, what job or volunteer responsibilities have given you the most personal satisfaction and why?: _____

List acquaintances employed by Lena Pope: _____

EDUCATION/BACKGROUND List schools attended, beginning with high school. Include tech schools and other special training.

LEVEL OF COMPLETION
(NAME OF SCHOOL - CITY/STATE - MAJOR/MINOR DEGREE - DATE COMPLETED)

High School/Secondary School	
University/College	GPA
University/College	GPA
Vocational/Technical	GPA
Graduate School/Seminary	GPA
Other	

If you attended college but did not graduate, how many credit hours are needed for degree?

Associate _____ Bachelor _____

List any scholarships, academic honors, awards, or special achievements:

List licensures and certifications with corresponding licensing numbers and name of licensing body:

REFERENCES (Please include telephone number and complete address, city, state, zip code,)

- **One reference must be a person of the opposite sex.**

PERSONAL (not living with you)

Name	Address				
City	State	Zip	email	phone	

PROFESSIONAL/CIVIC

Name	Address				
City	State	Zip	email	phone	

FAMILY MEMBER (not living with you)

Name	Address				
City	State	Zip	email	phone	

PERSONAL:

Addresses in past seven years:

_____ Zip _____

_____ Zip _____

_____ Zip _____

_____ Zip _____

_____ Zip _____

Other names by which you have been known (Nicknames, maiden names, aliases):

LEGAL HISTORY

For any “yes” answers, please attach a detailed explanation in writing.

- Y N** Have you ever been convicted of a criminal offense (felony or misdemeanor)? Answer “yes” if you have entered a plea agreement including a deferred sentence or deferred judgment arrangement in connection a criminal case.

- Y N** Have you ever been charged with a sexual offense, offense relating to children, or crime of violence?

- Y N** Have you ever reported to any organization or registry for abuse or misconduct involving children?

- Y N** Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body, for violence, sexual misconduct, or misconduct involving children?

- Y N** Have you ever been disciplined or dismissed from any volunteer position or employment for any reason or following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?

- Y N** Have you ever been reprimanded, or asked to leave or end your membership in an organization in which you were volunteering?

- Y N** Have you ever been the subject of a complaint or disciplinary proceeding against any professional license or professional affiliation held by you?

- Y N** Do you now or have you ever sought out or intentionally viewed child pornography?

Lena Pope Consumer Report Disclosure Form

Lena Pope may, with your consent, obtain a consumer report (as defined by the Fair Credit Reporting Act) from Imperative Information Group, Inc., a Consumer Reporting Agency, related to your prospective, current, or future employment. This may include procurement of an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics, or mode of living).

You may request that the nature and scope of any investigative consumer report to be disclosed to you. Such disclosure will be made within five days of our receipt of the request from you or five days after the date the investigative consumer report was first requested, whichever is later.

By signing below, you grant permission to Lena Pope or any of its affiliated or subsequent companies to obtain such report or reports at any time. You also grant permission to all parties to release information regarding your previous or current military service, employment, education, or criminal matters to Imperative Information Group, Inc., including information which may be deemed negative.

Signature

Date

Identity Information

First Name:

Middle Name:

Last Name:

Current Home Address:

City: State: Zip:

Other Names Used:
(maiden names or aliases)

Social Security Number: - -

Drivers License State: Number:

Date of Birth: Month: Day: Year:

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State: