



Internship Application

Should you need any special accommodations to participate in the application process (i.e. assistance in completing the application, accommodations for the interview, accommodations for any job-related employment tests, or any other needed accommodations), please let us know at the time of application, or at the time an appointment is scheduled.

Personal Information											
Legal Last Name	Legal First Name	Middle Initial									
May we contact you via E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, please provide your E-mail address:									
Social Security Number		Date Available to start internship									
Home phone number		Message/Mobile phone									
Address (number, street, apartment number)											
City		State		Zip							
Were you previously employed by Destiny Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, how were you referred? _____									
If YES, Date: From _____ To _____		<input type="checkbox"/> Advertisement (specify):									
Position: _____		<input type="checkbox"/> Employment Agency (Company):									
Location: _____		<input type="checkbox"/> Employee Referral (Name of Employee):									
		<input type="checkbox"/> School:									
		<input type="checkbox"/> Other (Specify):									
CAN YOU, AFTER INTERNSHIP OFFER, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No (In accordance with the immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.)											
Are you authorized to work for all U.S. employers or only your current employer? <input type="checkbox"/> All <input type="checkbox"/> Current											
Are you at least eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If less than 18 yrs., you will need to provide a work permit and/or age certificate upon offer of employment)											
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: (such a conviction will not necessarily disqualify you from internship with Destiny Services. Please attach an additional sheet if necessary).											
Internship Interest											
Please provide goals and expectations of internship:					Hours of Availability:						
					Sun	Mon	Tues	Wed	Thu	Fri	Sat
Education Information											
Type of School	Name and Location	Years Completed	Major Course of Study	Graduated (Yes or No)	Degree						
High School											
College/ University											
Graduate School											
Technical/ Business											
Please list any job related professional, trade, business or civic activities, organizations, and associations in which you participated, or of which you are a member. (You may omit those that indicate race, color, religion, political affiliations, national origin, ancestry, disability, marital status, sex, or age.)											

Employment History

Starting with your most recent job, accurately list ALL jobs you have held in the past five (5) years. Give correct addresses and telephone numbers. Include volunteer and military experience. May we contact your present employer? Yes No

1.

Name of current/most recent employer

Position Held

Employer's address (number/street)

City

State

ZIP

Dates Employed: From _____ To _____

Number and title of employees you supervised: _____

Duties: _____

Equipment used: _____

Your name is different from present: _____

Reason for leaving: _____

Supervisor (name and title): _____

Telephone Number: () _____ ext.: _____

2.

Name of current/most recent employer

Position Held

Employer's address (number/street)

City

State

ZIP

Dates Employed: From _____ To _____

Number and title of employees you supervised: _____

Duties: _____

Equipment used: _____

Your name is different from present: _____

Reason for leaving: _____

Supervisor (name and title): _____

Telephone Number: () _____ ext.: _____

3.

Name of current/most recent employer

Position Held

Employer's address (number/street)

City

State

ZIP

Dates Employed: From _____ To _____

Number and title of employees you supervised: _____

Duties: _____

Equipment used: _____

Your name is different from present: _____

Reason for leaving: _____

Supervisor (name and title): _____

Telephone Number: () _____ ext.: _____

4.

Name of current/most recent employer

Position Held

Employer's address (number/street)

City

State

ZIP

Dates Employed: From _____ To _____

Number and title of employees you supervised: _____

Duties: _____

Equipment used: _____

Your name is different from present: _____

Reason for leaving: _____

Supervisor (name and title): _____

Telephone Number: () _____ ext.: _____

Use this space for any additional information for which you think would help us evaluate your application, including training, seminars, workshops, and special achievements of specialized skills:

Microsoft Office Skills: (check the skills you possess knowledge of application)

_____ Word _____ Excel _____ Access _____ PowerPoint

License (to include driver's) certificate or other authorization to practice a trade or profession

Type	License Number	Granted by (Licensing Board)

Miscellaneous

Are you willing to accept an internship which requires you to travel? yes no If yes, during the day during the evening

Are you willing to provide your own transportation for your internship as a company vehicle is not provided, nor is fuel or mileage reimbursed? yes no

Do you have a problem using your personal cell phone for internship purpose as a company cell phone is not provided nor is reimbursement for use? yes no

Will you accept texts from this employer? yes no

Have you ever been convicted* for any violation(s) of law, including moving traffic violations? yes no

If **YES**, please provide the following:

Description of offense: _____

Statute or ordinance (if known): _____ Date of charge: _____

Date of conviction: _____ County, City, State of conviction: _____

Description of offense: _____

Statute or ordinance (if known): _____ Date of charge: _____

Date of conviction: _____ County, City, State of conviction: _____

(For additional convictions use plain paper, include all information listed above)

**Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious wounding, if you were age fourteen (14) to eighteen (18) when charged.*

When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
_____ Month _____ Day _____ Year

References

Please provide the names, addresses, and telephone numbers of at least three (3) professional references who are not related to you (i.e. previous employer/supervisor, co-worker, teacher, professor, etc.).

1. Name	Relationship and Title
Address	Telephone Number () ext.
2. Name	Relationship and Title
Address	Telephone Number () ext.
3. Name	Relationship and Title
Address	Telephone Number () ext.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

We greatly appreciate your interest in our organization. Please be advised that applicants are considered for all positions without regard to race, color, religion, sex, age, sexual orientation, national origin, disability or any other protected characteristics as established by law. This policy of Equal Employment Opportunity applies to all policies and procedures relating to recruitment and hiring, compensation, benefits, termination and all other terms and conditions of employment. For consideration for internship with us, the application must be completed in its entirety and signed by you.

This application will remain open for consideration for the internship position for which you applied for ninety (90) days from today's date. If you wish to be considered for this internship position or another internship position after ninety days from this date, you will need to complete and submit another application.

Should you be formally offered an internship position with Destiny Services your internship will be considered "at-will", which means that there is no agreement between you and Destiny Services or any of its affiliated companies for any definite period of internship. Furthermore, it is understood that you or Destiny Services has the right to terminate your internship at any time, with or without cause. There is no guarantee of internship terms, conditions or benefits except those that are made in writing by the owner or authorized executive level manager.

I certify that the answers given by me are true and correct without omissions of any kind whatsoever, and that intentional falsification of information given will be grounds for disciplinary action, up to and including termination of internship.

I understand any offer of internship may be contingent upon a credit, criminal or other types of background checks, including a drug screening. I hereby authorize all references, former employers and educational institutions listed on my internship application to give the company any and all information concerning my previous employment/academic attendance and performance in addition to any pertinent information they might have, personal or otherwise, and release all parties from any claims, causes of action, or liability from damages that may or could result in furnishing such information to the company. I authorize Destiny Services to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need- to- know basis for good cause shown as determined by this agency head or designee.

I understand that if approved/accepted, the internship relationship is at-will. This means that either Destiny Services or I may terminate the internship relationship at any time, for any or no reason.

Signature of Applicant: _____

Date: _____

DESTINY SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER