



Meeting the educational and developmental
needs of children with learning differences

APPLICATION FOR INTERNSHIP

Date _____/_____/_____

Name of Applicant _____
Last First Middle

Address _____
Street

_____ City State Zip

Phone _____

Email _____

University/School _____

Degree/Area of Study _____

Length of Internship (one/two semester(s)) _____

* Date of Birth _____

* Social Security # _____

* Date lived at current address _____

** Information used for background screening through ADP*



EDUCATIONAL HISTORY

High School

Name and Location

Dates of Attendance

Year Graduated

College

Name and Location

Dates of Attendance

Date of Graduation

Major

Degree

College

Name and Location

Dates of Attendance

Date of Graduation

Major

Degree

Other

Name and Location

Dates of Attendance

Date of Graduation

Major

Degree



SUPERVISION

Please list people at your university/school who will be supervising you during your internship:

Name _____ Position _____

Email _____ Phone _____

Name _____ Position _____

Email _____ Phone _____

Please describe what you need in a supervisor at The Hirsch Academy, what credentials this supervisor needs to have and how many hours per week/month needed for supervision. Please describe the type of feedback that works for you:

RELEVANT COURSES

Please list relevant courses you will be taking to prepare you for your internship at The Hirsch Academy:

Please describe the projects/assignments you will need to fulfill your internship:



PERSONAL STATEMENT

Please discuss your philosophy of education and your perception of the responsibilities of the Internship for which you are applying. What brings you to Hirsch? What about the Hirsch philosophy entices you to Intern here?

***ATTACH BIO WITH PICTURE**



CRIMINAL BACKGROUND

Are you awaiting trial for or have you ever been convicted of, pleaded guilty to or have been found guilty of a crime?

Yes _____ No _____

Have you ever paid a fine in connection with the commission of a crime, or entered a plea of no contest in response to a criminal charge, even if there was no formal finding of guilt?

Yes _____ No _____

If you answered yes to either of these questions, please describe the offense, the date of the offense, the location of the offense, the name of the arresting agency (Federal, State, County, Local) and the outcome.

Have you used any illegal drugs (excluding drugs for which you have a valid Doctor's prescription) during the last 12 months?

Yes _____ No _____

I certify that all of the information included in this application and all attachments are true, complete and accurate. I give my consent to The Hirsch Academy, Inc. to contact any references, former employers and educational institutions regarding this application. I understand that all information on this application and any attachments I submit is subject to verification, and that any falsification of such information may result in my immediate dismissal from employment at The Hirsch Academy, Inc.

Signature

Date