

CREATIVE IDENTITY

Application for Internship or Volunteer

(Creative Identity is also known as the "Company")

Position applied for: _____ Name: _____

Present Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Specify Hours and Days Available: _____

Date on which you can start: _____ Are you 18 years or older? _____

Have you received or do you plan to receive vaccination against COVID-19? ___ Yes ___ No

Have you previously interned or volunteered at Creative identity? _____

If so, when? _____

Have you ever been terminated or asked to resign from any internship or volunteer position? _____ If Yes, how many times? _____

Has your internship or volunteer position ever been terminated before completion by mutual agreement? _____ If Yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion: _____

Emergency Contact Number(s): _____

Relationship to Intern/Volunteer: _____

Education:

High School: _____ Did you Graduate? _____

College: _____ Degree? _____

Major and/or Specialized Training: _____

List any special skills, technical or otherwise, that you feel qualify you for the placement

For which you are applying: _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc. _____

Work Experience:

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer: _____ Type of Business _____

Address _____

Telephone _____ Dates Employed From _____ to _____

Job Title _____ Duties _____

Supervisor's Name _____ May We Contact? _____

If No, why not? _____

Reason for Leaving _____

Employer: _____ Type of Business _____

Address _____

Telephone _____ Dates Employed From _____ to _____

Job Title _____ Duties _____

Supervisor's Name _____ May We Contact? _____

If No, why not? _____

Reason for Leaving _____

Employer: _____ Type of Business _____

Address _____

Telephone _____ Dates Employed From _____ to _____

Job Title _____ Duties _____

Supervisor's Name _____ May We Contact? _____

If No, why not? _____

Reason for Leaving _____

Please explain any gaps in your employment history in excess of one month (for example, being in school) _____

References: (Give the names of three persons you are not related to, whom we may contact)

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Is there anything that could hinder or prevent you from caring for the safety of our clients and to provide all program services? _____ YES _____ NO

If yes, what? _____

I understand and agree that as a condition of internship or volunteering, and to the extent permitted by federal, state, and local law, I will be required to sign confidentiality documents, complete any mandated training (CPR/First Aid Certification, etc.), complete Live Scan background check, and supply proof of Hep B immunizations and TB test, and other requirements in preparation of internship or volunteering. Any expenses incurred to fulfill these requirements are the responsibility of the applicant.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for internship, or volunteer position, including termination of the internship, or volunteer agreement.

If accepted, I agree to conform to the rules and regulations of the Company, and I understand that the Company has complete discretion to modify such rules and regulations at any time. I understand that the Company (Creative Identity) is may terminate the internship or volunteer agreement without notice or reason.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this Company to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I certify that all of the information that I have provided on this application is true, accurate, and complete.

Applicant's Signature _____ Date _____