

SYRACUSE CITY SCHOOL DISTRICT
Pupil Services Department.
725 Harrison Street
Syracuse, NY 13210

APPLICATION FOR STUDENT INTERNSHIP

This application becomes part of your record. Please print or type. All parts must be completed in full.

PERSONAL INFORMATION

Date _____ Social Security Number _____ - _____ - _____

Name _____
Last First Middle

Present Address _____
Number & Street City State Zip Cell Phone Home Phone

Permanent Address _____
Number & Street City State Zip Cell Phone Home Phone

Email _____

EDUCATION	Name and Location of School	Years Attended	Subject Studied
High School			
College (Undergraduate)			
College Major			
College (Graduate)			

LAST

FIRST

MIDDLE

THE SYRACUSE CITY SCHOOL DISTRICT HEREBY ADVISES STUDENTS, PARENTS, EMPLOYEES, AND THE GENERAL PUBLIC THAT IT OFFERS EMPLOYMENT AND EDUCATIONAL OPPORTUNITIES, INCLUDING VOCATIONAL EDUCATIONAL OPPORTUNITIES, WITHOUT REGARD TO AGE, GENDER, RACE, COLOR, RELIGION, MARITAL STATUS, SEXUAL PREFERENCE, NATIONAL ORIGIN, OR DISABILITY.

EMPLOYMENT RECORD (List below former employers, beginning with most recent one)

Day/Month/Year	Name & Address of Employer	Position	Reason for Leaving
From:			
To:			
From:			
To:			

Have you ever been dismissed or asked to resign? No Yes (If yes, please explain)

RECORD OF CONVICTIONS

Have you ever been convicted of a crime? If so, please provide dates and details.

INTERNSHIP EXPERIENCE

What kind of internship are you seeking? _____

Include contact information for the college/university supervisor of your internship:

Name	Title	Academic Department
<hr/>		
College/University Mailing Address	Telephone	Email

I authorize the Syracuse City School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give the Syracuse City School District any information they may have regarding me. In consideration of the Syracuse City School District's review of this application, I release the Syracuse City School District and all parties who provide information pursuant to this authorization from any liability as a result of furnishing and receiving said information. I affirm that the statements made in this application are true to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for is cause for dismissal

_____	_____
Date	Signature of Applicant

