

Alaska Native Science Commission

429 L. Street Anchorage, AK 99501

Phone: 258-2672 Fax: 258-2652

STUDENT INTERNSHIP APPLICATION

Name: _____ Term: _____
Last First M.I.

Address: _____ email: _____

Telephone: (____) _____ - _____ Alternative Number/Cell: (____) _____ - _____

Are you legally eligible for employment in the U.S.A? Yes _____ No _____

Are you able to perform the essential functions of the position without accommodation? Yes _____ No _____

COLLEGE/UNIVERSITY	FIELD OF STUDY	YEARS COMPLETED
_____	_____	_____
_____	_____	_____

Expected Degree and Graduation Date: _____

Military Service: Yes _____ No _____ Duty/Specialized Training: _____

Organizations involved with, on or off campus:

Employment: List latest employment first. Include summer or temporary jobs. Be sure all your experience or employers are listed here or attach resume'. Use additional sheet if necessary.

Employer Name and Address	Position Title/Duties/Skills
_____	_____
_____	_____
_____	_____

Dates Employed from: ____/____ To: ____/____ Wage: _____
Mo. Yr. Mo. Yr.

Reason for Leaving: _____

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Employer Name and Address	Position Title/Duties/Skills
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_____	_____
Dates Employed from: ____/____/____ To: ____/____/____ Wage: _____ <i>Mo. Yr. Mo. Yr.</i>	
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Employer Name and Address	Position Title/Duties/Skills
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_____	_____
_____	_____
Dates Employed from: ____/____/____ To: ____/____/____ Wage: _____ <i>Mo. Yr. Mo. Yr.</i>	
Reason for Leaving: _____	

Additional Skills, certifications, licenses, etc.: _____

Information to the applicant: As a part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or drug test or sign a conflict interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ **Date:** _____

EMPLOYER SECTION:

