



INTERN APPLICATION

Please Print Clearly

GENERAL INFORMATION

Today's Date: _____

Name: _____
Last First Middle

I like to be called: _____ Male _____ Female _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (Print Clearly): _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell: (____) _____ Other Phone: (____) _____

I prefer to receive calls at (check all that apply): home work cell other

Date of Birth: ____ - ____ - ____
mm dd yy

EDUCATION

Check highest level of education attained:

High School Graduate Undergraduate Degree Graduate Degree

College/University: _____ Expected Grad. Date: _____

Major or area of concentration: _____

Are you fulfilling a requirement? Yes No

If yes, what class/program? _____

EMPLOYMENT HISTORY

Beginning with most recent:

Job Title: _____ Employed from _____ to _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone: (____) _____ Supervisor: _____

May WonderLab Contact This Employer? Yes No (Please provide reason in space provided on page 3)

Job Title: _____ Employed from _____ to _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

May WonderLab Contact This Employer? Yes No (Please provide reason in space provided on page 3)

Job Title: _____ Employed from _____ to _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

May WonderLab Contact This Employer? Yes No (Please provide reason in space provided on page 3)

CLUBS, ORGANIZATIONS, VOLUNTEER EXPERIENCE

WONDERLAB POSITION

For which internship are you applying?

What would you like to get out of your internship?

CRIMINAL HISTORY

Other than a minor traffic offense, have you ever been convicted of a crime or released from prison in the last seven years? Yes No

If yes, please explain in full:

REFERENCES

Provide two non-family references and indicate their relationship to you (e.g. employer, teacher, etc.)

Name: _____ Relationship to you: _____

Address: _____

Daytime Telephone:(_____) _____ E-mail: _____

Name: _____ Relationship to you: _____

Address: _____

Daytime Telephone:(_____) _____ E-mail: _____

STATEMENT OF UNDERSTANDING

I certify that the information in this application is true and correct and complete to the best of my knowledge. I authorize WonderLab to verify any and all information I provided by contacting appropriate sources. By signing below, I voluntarily give permission for WonderLab to perform a background check to protect visitors, volunteers, and staff.

Applicant's signature _____ Date _____

RETURN THIS APPLICATION AND RESUME TO:

WonderLab Intern Program
PO Box 996
Bloomington, IN 47402-0996
Phone: (812) 337-1337 Ext: 21
Fax: (812) 330-1337