

Prior Experience

Start with your present or last job. Include any job related military service assignments, volunteer activities or prior internship placements. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Name of Employer:		Dates of Employment <u>Start Date</u> <u>End Date</u>	
Address/Street:			
City:	State:	Zip Code:	
Telephone:		Title Held:	
Name and Title of Immediate Supervisor:		Annual Salary/Hourly Rate <u>Start</u> <u>Final</u>	
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____	Reason for leaving or considering change:		
Description of duties: (Please complete even if resume has been attached)			

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Description of duties: (Please complete even if resume has been attached)			

Education

Level	Name and Address of School	Course of Study	Credits Completed	Diploma/Degree/Certificate
High School				
Undergraduate Degree				
Graduate Degree				
Trade, Business or Correspondence School				

Languages

Language(s)	Proficiency Level			
	<u>Speak</u> <input type="checkbox"/> Fair <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> N/A	<u>Read</u> <input type="checkbox"/> Fair <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> N/A	<u>Write</u> <input type="checkbox"/> Fair <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> N/A	<u>Understand</u> <input type="checkbox"/> Fair <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> N/A
	<u>Speak</u> <input type="checkbox"/> Fair <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> N/A	<u>Read</u> <input type="checkbox"/> Fair <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> N/A	<u>Write</u> <input type="checkbox"/> Fair <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> N/A	<u>Understand</u> <input type="checkbox"/> Fair <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> N/A

Skills

Below please list the software and/or programming languages with which you have experience.

Professional References

Please list at least three (3) professional references below.

Name/Title	Company Name	Years Acquainted	Email/Phone

Additional Information

Please list additional information you feel may be helpful to us in considering your application, such as but not limited to your career interests or why you might benefit from an internship at the Association.

Applicant's Statement

I certify that answers contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this internship application as may be necessary in arriving at a placement decision.

I authorize September 11th Families' Association to obtain information about me from my previous employer(s), and school(s) attended. I also authorize my previous employer(s) and school(s) attended to disclose to September 11th Families' Association such information as may be requested about me including but not limited to copies of evaluations and transcripts, and any information regarding disciplinary actions and notations regarding performance issues.

In addition to authorizing the release of any information, I hereby fully waive any rights or claims I have or may have against the September 11th Families' Association, all past employers and educational institutions, and their employees, representatives, and agents and release the September 11th Families' Association, all past employers and educational institutions, and their employees, representatives, and agents from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

I understand that false or misleading information given in my application or interview may result in disqualification for an internship placement or discharge.

In consideration of an internship placement, I agree to conform to the rules and regulations of the Association and all applicable laws and regulations.

I acknowledge that I have read this statement, fully understand it, and voluntarily agree to its provisions.

Signature of Applicant

Date

Applicant's Full Name (Print)

Thank you for your interest in our Internship Opportunities!

Please submit completed application to:

Julie Jamison, Director of Human Resources
September 11th Families' Association
Tribute WTC Visitor Center
22 Cortlandt Street, Suite 801
New York, NY 10007
jjamison@911families.org
Fax: 212 422 3588
Phone: 212 422 3520