FORENSIC MEDICAL ASSOCIATES

Internship Application

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Program Type: Forensic Cell Phone: _____ Email Address: _____

Social Security Number: _____ Drivers License No. _____

Have you ever been convicted of a felony? ☐ Yes ☐ No Are you willing to submit to a drug screening test? ☐ Yes ☐ No

Why are you interested in this internship? _____

Available Start Date: _____ Days Available: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Method of Transportation: _____ Are you bilingual? ☐ Yes ☐ No If yes, what language(s)? _____

Hobbies, Community Activities, Skills, Interests: _____

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or experience: _____

WORK HISTORY

Employer	Address	Phone	Dates Employed	Supervisor	Position

REFERENCES

Name	Title	Company	Phone

Acknowledgement and Authorization

☐ I certify that all answers given herein are true and complete to the best of my knowledge.

☐ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

☐ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

_____

Signature of Applicant Date