

## Unpaid Internship Application

Alzheimer's Association  
225 N. Michigan Ave., Fl. 17  
Chicago, IL 60601-7633

### **AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of this company to provide equal internship opportunities to all qualified persons without regard to race, religion, creed, color, national origin, gender, marital status, veteran status, sexual orientation, disability, age, genetic information or any other factor protected by applicable federal, state and local laws as well as other applicable government regulations and execution orders.

*Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.*

### **Background Information**

First Name

Middle Initial

Last Name

#### **Current Address**

Street and Apt. #

City

State

Zip Code

Telephone

Email

#### **Permanent Address (if different from above)**

Street and Apt. #

City

State

Zip Code

Telephone

Email

Can you with or without a reasonable accommodation perform the essential functions of this unpaid internship?

(If you have questions about the essential functions of the unpaid internship please ask the interviewer before answering this question).

☐ Yes ☐ No

Have you reached your 18<sup>th</sup> birthday? ☐ Yes ☐ No

Will you receive college credit(s) for the internship? ☐ Yes ☐ No

If yes, how many credit hours? \_\_\_\_\_

Please identify any relatives or family members currently employed by the Alzheimer's Association. Please indicate job title and place of employment. \_\_\_\_\_

If any of your educational or employment records are under any name(s) other than shown above, please provide the names under which these records may be located. \_\_\_\_\_

### **Public Records**

Have you ever been convicted of a felony? (You may exclude convictions for which the record has been judicially ordered sealed, dismissed, expunged or statutorily eradicated.) A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

### Present or Most Recent Employer

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current/Last Job Title & Description of work: \_\_\_\_\_

Date hired: \_\_\_\_\_ Date separated: \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

May we contact your supervisor? ☐ Yes ☐ No ☐ Later

Reason for Leaving: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Other compensation: \_\_\_\_\_

### Prior Employer

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title & Description of work \_\_\_\_\_

Date hired \_\_\_\_\_ Date separated \_\_\_\_\_

Name & Title of Immediate Supervisor \_\_\_\_\_

May we contact your supervisor? ☐ Yes ☐ No ☐ Later

Reason for Leaving: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Other compensation: \_\_\_\_\_

### Education, Professional Licensure/Certifications and Trainings

School	City	State
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Years Completed	Major/Minor	<input type="checkbox"/> Degree received
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<input type="checkbox"/> Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Certification	<input type="checkbox"/> Other
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School	City	State
--------	------	-------

Years Completed	Major/Minor	<input type="checkbox"/> Degree received
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<input type="checkbox"/> Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Certification	<input type="checkbox"/> Other
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### Special training and skills

Please let us know why are interested in being Alzheimer's Association unpaid intern.

Please list all computer software application, trainings, language proficiencies or skills you possess which may be relevant for internship work:

When would you be able to start?

Please indicate your days and hours for availability to intern:

How did you hear about our organization?

### References

List three business/work references who are not related to you. If not applicable, list three school or personal references that are not related to you.

Name	Title	Telephone	Number of Years Known
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Name	Title	Telephone	Number of Years Known
------	-------	-----------	-----------------------

Name	Title	Telephone	Number of Years Known
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I understand that this is an application for and not a commitment or promise of unpaid internship opportunity.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge, and I authorize the investigation of all statements contained within this unpaid internship application that may be necessary in arriving at a decision for an unpaid intern position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for an unpaid intern position with the Alzheimer's Association or my termination as an unpaid intern.

Please review the information above before signing this application.

☐ Electronic signature                      Date \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_