



CRSTI Summer Intern Application

DATE: _____

PERSONAL INFORMATION

POSITION: INTERNSHIP INDEPENDENT RESEARCH

NAME (LAST NAME FIRST)			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	ALT. PHONE NO.	E-MAIL ADDRESS	
REFERRED BY			

EDUCATION INFORMATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS OF INTEREST
HIGH SCHOOL				
COLLEGE				
COLLEGE				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS

EMPLOYMENT HISTORY

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT.

MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

LIST BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

AUTHORIZATION: "I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF SELECTED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

DATE _____

SIGNATURE _____