SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY APPLICATION FOR INTERNSHIP

Human Resources Department
Two Waters – Bldg B
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Phone: 480-362-7935 Fax: 480-362-5587

Received: _____

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

PERSONAL INFORMATION

* FIRST NAME	MIDDLE INITIAL	* LAST NAME
* ADDRESS		
* CITY	* STATE	* ZIP
HOME PHONE	ALTERNATE PHONE	
IF NATIVE AMERICAN, TRIBAL AFFILIATION:	TRIBAL ENROLLMENT NUMBER:	

* DO YOU HAVE A VALID LICENSE? YES ☐ NO ☐	STATE WHERE ISSUED	LICENSE NUMBER	CLASS	LEGAL RIGHT TO WORK IN THE US? YES ☐ NO ☐

HIGH SCHOOL EDUATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES ☐ NO ☐	SCHOOL NAME

POST SECONDARY EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION: ☐ Some High School ☐ High School ☐ Some College ☐ Technical/Vocational School ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

TRADE SCHOOL/COLLEGE/GRADUATE SCHOOL EDUCATION

PRESENT/RECENT SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
MAJOR/MINOR	GPA:	

SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
MAJOR/MINOR	GPA:	

CERTIFICATES/LICENSES (IF APPLICABLE)

TYPE	ISSUING AGENCY	DATE ISSUED (MONTH/YEAR)

SKILLS (IF APPLICABLE)

OFFICE SKILLS	TYPING (WPM)	10 KEY	OTHER SOFTWARE/APPLICATIONS

OTHER SKILL	SKILL LEVEL ☐ BEGINNER ☐ SKILLED ☐ EXPERT	EXPERIENCE (YEARS OR MONTHS)
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AREAS OF INTEREST FOR INTERNSHIP (MULTIPLE MAY BE CHECKED)

☐ Childcare	☐ Corrections	☐ Environmental	☐ Human Resources	☐ Public Works
☐ Clerical	☐ Cultural Resources	☐ Financial Services	☐ Information Technology	☐ Social Services
☐ Community Development	☐ Education	☐ Fire	☐ Legal	☐ Police
☐ Community Relations	☐ Engineering	☐ Food Service	☐ Other: _____	

INTERNSHIP OBJECTIVE (ESSAY)

In 250 words or less, please express your interest in completing your internship with the Salt River Pima-Maricopa Indian Community: *(Describe what you hope to gain with the internship or how it may enhance your skills or career goals)* May be provided on a separate attachment.

MOST RECENT EMPLOYMENT HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY / STATE	
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
DUTIES		
REASON FOR LEAVING		

REFERENCE

REFERENCE TYPE ☐ PERSONAL ☐ PROFESSIONAL	NAME	POSITION
ADDRESS	CITY / STATE	PHONE NUMBER

CERTIFICATION AND AGREEMENT (Read Carefully Before Signing)

I understand and agree that:

1. Any misrepresentation or omission of facts in my internship application or any attachments will result in the cancellation of my request for internship.
2. I understand internships *may not* be available during the time I express interest, this will be determined by the SRPMIC.
3. It is my understanding that the SRPMIC may make a thorough investigation of my work, educational and personal history and may verify all data provided within this document.
4. I understand and agree that I will be required to take a drug test at the SRPMIC expense before beginning my internship. I understand I am subject to random during the duration of my internship. Failure to follow through will result in termination.
5. I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of SRPMIC and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by SRPMIC to create an obligation of continued employment.
6. I understand if selected for an internship opportunity with the SRPMIC, nothing in this document or any other SRPMIC document shall be deemed to create any contract or agreement of continued employment between me and SRPMIC. I understand that my internship can be terminated at any time pursuant to the SRPMIC policies and procedures. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

X_____ _____

Signature Date

FOR OFFICE USE ONLY

☐ COMPLETED APPLICATION ☐ TRANSCRIPTS ☐ DRUG TEST ☐ LETTERS OF REFERENCE ☐ OTHER